

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 12, 2008

DOCUMENT # A94000001711		
1. Entity Name HTV ASSOCIATES LIMITED PARTNERSHIP		

Principal Place of Business
801 INTERNATIONAL DRIVE, SUITE 110
LINTHICUM, MD 21090

Mailing Address
801 INTERNATIONAL DRIVE, SUITE 110
LINTHICUM, MD 21090

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

08122008 Chg-LP CR2E003 (12/06)

4. FEI Number
05-0486115

Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

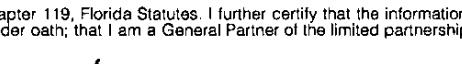
Signature, typed or printed name of registered agent and title if applicable.

DATE

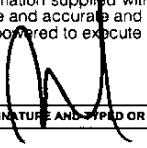
**FILE NOW!!! FEE IS \$500.00
Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S.,
the limited partnership did not receive the
prior notice.

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	A94000001709	STREET ADDRESS	
NAME	HILLTOP PARTNERS, L.P.	CITY-ST-ZIP	09/10/08-01007-002 **400.00
STREET ADDRESS	801 INTERNATIONAL DRIVE, SUITE 110		
CITY-ST-ZIP	LINTHICUM, MD 21090		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	09/10/08-01007-001 **1000.00
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
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NAME		CITY-ST-ZIP	09/10/08-01007-001 **1000.00
STREET ADDRESS			
CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

8/13/08
Date

4161234.0111
Daytime Phone #

STAPLE CHECK HERE