

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 12, 2008

FILED

08 SEP -5 PM 2:07

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



08122008 Chg-LP CR2E003 (12/06)

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 # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 05-0486115 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525	
7. Name and Address of New Registered Agent 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	
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	300135636989	
NAME	HILLTOP PARTNERS, L.P.		CITY-ST-ZIP	09/10/08-01007-002 **400.00	
STREET ADDRESS	801 INTERNATIONAL DRIVE, SUITE 110		STREET ADDRESS	300135636943	
CITY-ST-ZIP	LINTHICUM, MD 21090		CITY-ST-ZIP	09/10/08-01007-001 **1000.00	
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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:			Date: 9/13/08 Daytime Phone #: 414/234-0111		

STAPLE CHECK HERE