



FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		99 APR -6 PM 2:46	
1. Name of Limited Partnership HILLSBORO-LYONS INVESTORS, LTD.		1a. DOCUMENT # A95000000735			
2. Mailing Address 7443 LEE DAVIS ROAD, SUITE 300 MECHANICSVILLE VA 23111		2a. Principal Office Address 4403 W. HILLSBORO BLVD. COCONUT CREEK FL 33073		3. Date Formed or Registered 05/10/1995	
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country		2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country		3a. Date of Last Report 02/16/1998	
				4. State or Country of Formation FL	
				5a. Capital Contributions as Shown on record \$7,500.00	
				5b. Amount of Capital Contributions in FLORIDA to date \$1,050,000	
				6. FEI Number 65-0590660 <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
				7. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
				8. Make check payable to Dept. of State (See reverse side for fee information)	
9. Name and Address of Current Registered Agent PETER S. HOLTON, ESQ. 505 S. FLAGLER DRIVE, SUITE 1100 WEST PALM BEACH FL 33401				10. If changed, new Registered Agent/Office Name Conrad J. Boyle, Esquire Street Address (P.O. Box Number Is Not Acceptable) Mombach, Boyle & Hardin, P.A. Suite, Apt. #, etc. 500 East Broward Boulevard, Suite 1950 City Fort Lauderdale Zip Code FL 33394-3029	
10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes. SIGNATURE (Registered Agent Accepting Appointment) _____ DATE 12/28/98					
A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.					
11. Name(s) of General Partner(s) HILLSBORO-LYONS CORP.		11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 7443 LEE DAVIS ROAD, Suite 300		11b. City, State & Zip Code MECHANICSVILLE VA 23111	
				11c. Registration/Document Number P95000031483	
				200002794252--1 -03/04/99--01043--022 *****526.25 *****526.25	
				200002794252--1 -03/04/99--01043--023 *****8.75 *****8.75	
Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.					
12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.					
SIGNATURE _____ DATE 12/28/98					
Typed or Printed Name of General Partner Signing Form J. Thomas O'Brien Jr VP/ GP Daytime Telephone Number (804) 746-4500					

CR2E003 (8/98)