## 2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR) DUE BY MAY 1, 2004

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STAPLE

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

## DOCUMENT # A95000000735 SECRETARY OF STATE 1. Entity Name HILLSBORO-LYONS INVESTORS, LTD. 04 APR 19 PM 2: 11 Principal Place of Business Mailing Address 201 NORTH U.S. HWY ONE 201 NORTH U.S. HWY ONE JUPITER FL 33477 JUPITER FL 33477 2. Principal Place of Business 3501 PGA Blvd. 3. Mailing Address 3501 PGA Blvd. Suite, Apt. #, etc. Suite, Apt, #, etc. CR2E003 (11/03) Suite 201 Suite 201 Applied For City & State City & State 4. FEI Number 65-0590660 Not Applicable Palm Beach Gardens. Palm Beach Gardens. FL Country Country \$8.75 Additional Zip Zip 5. Certificate of Status Desired 33410 Palm Beach Palm Beach 33410 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BOYLE, CONRAD J ESQ. Street Address (P.O. Box Number is Not Acceptable) C/O MOMBACH, BOYLE & HARDIN, P.A. 500 EAST BROWARD BLVD., SUITE 1950 FORT LAUDERDALE FL 33394-3029 City 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. 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE 10. Amount of Capital Contributions 9. Capital Contributions \$1,050,000.00 as Shown on record. in FLORIDA to date SEE REVERSE SIDE FOR FEE INFORMATION 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 ADDRESS CHANGES ONLY GENERAL PARTNER INFORMATION 12. 13. P95000031463 DOCUMENT # STREET ADDRESS 3501 PGA Blvd, Suite 201 HILLSBORO-LYONS CORP. NAME STREET ADDRESS 201 NORTH U.S. HWY ONE CITY-ST-ZIP CITY-ST-ZIP JUPITER FL 33477 Palm Beach Gardens, FL 33410 DOCUMENT # STREET ADDRESS NAME 700035806887 05/10/04--01044--014 \*\*535.00 STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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