


**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2005**

DOCUMENT # A95000000735			
1. Entity Name HILLSBORO-LYONS INVESTORS, LTD.			
Principal Place of Business 3501 PGA BLVD. STE. 201 PALM BEACH GARDENS FL 33410		Mailing Address 3501 PGA BLVD. STE. 201 PALM BEACH GARDENS FL 33410	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

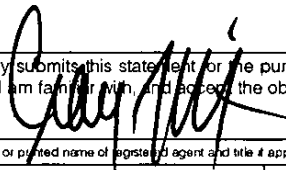
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1ST MOORE CR2E003 (10/04)

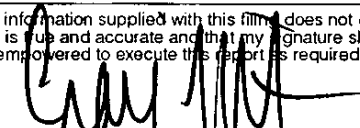
4. FEI Number 65-0590660		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BOYLE, CONRAD J ESQ. C/O MOMBACH, BOYLE & HARDIN, P.A. 500 EAST BROWARD BLVD., SUITE 1950 FORT LAUDERDALE FL 33394-3029		7. Name and Address of New Registered Agent Craig I. Menin c/o Menin Development Companies 3501 PGA Blvd. Suite 201 Palm Beach Gardens, FL 33410	
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.		11. FILE NOW!!! Due by May 1, 2005. See Block 11 instructions for fee info.	
SIGNATURE  Signature, typed or printed name of registered agent and title if applicable		DATE 1-21-05	
9. Capital Contributions as Shown on record. \$1,050,000.00		10. Amount of Capital Contributions in FLORIDA to date.	

**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 #	P95000031463	STREET ADDRESS	
NAME	HILLSBORO-LYONS CORP.	CITY-ST-ZIP	
STREET ADDRESS	3501 PGA BLVD., STE. 201		
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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CITY-ST-ZIP			

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14. I hereby certify that the information supplied with this filing 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

SIGNATURE:  **1-21-05** **561-282-5006**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE