

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Feb 03, 2006 08:00 AM
Secretary of State

DOCUMENT # A97000001749

1. Entity Name
HILLSBORO INLET PLAZA, LTD.



Principal Place of Business

**2601 EAST OAKLAND PARK BLVD., SUITE 303
FORT LAUDERDALE, FL 33306**

Mailing Address

**2601 EAST OAKLAND PARK BLVD., SUITE 303
FORT LAUDERDALE, FL 33306**

DO NOT WRITE IN THIS SPACE



01052006 No Chg-LP

CR2E003 (11/05)

4. FEI Number

65-0772705

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**RAMSEY, DAVID W
2601 EAST OAKLAND PARK BLVD., SUITE 303
FORT LAUDERDALE, FL 33306**

**DO NOT WRITE
IN THIS SPACE**

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
After May 1, 2006, Fee will be \$900.00**

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

DOCUMENT # **P97000069702**
NAME **HILLSBORO INLET PLAZA, INC.**
STREET ADDRESS **2601 EAST OAKLAND PARK BLVD., SUITE 303**
CITY-ST-ZIP **FORT LAUDERDALE, FL 33306**

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U000000418091
02/13/06-80080-024 500.00

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IN THIS SPACE**

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

DATE

DAYTIME PHONE #

1/31/06 954-526-7483

STAPLE CHECK HERE