


**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

**FILED**

**08 FEB -8 PM 3:40**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

<b>DOCUMENT # A97000001749</b> 1. Entity Name <b>HILLSBORO INLET PLAZA, LTD.</b>	
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Principal Place of Business <b>3696 NORTH FEDERAL HWY #200 FORT LAUDERDALE, FL 33308</b>	Mailing Address <b>3696 NORTH FEDERAL HWY #200 FORT LAUDERDALE, FL 33308</b>
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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01302008 Chg-LP CR2E003 (12/06)

4. FEI Number <b>65-0772705</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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<b>6. Name and Address of Current Registered Agent</b>  <b>RAMSEY, DAVID W 3696 NORTH FEDERAL HWY #200 FORT LAUDERDALE, FL 33308</b>
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<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$500.00  
After May 1, 2008, 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		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	<b>P97000069702 HILLSBORO INLET PLAZA, INC. 2601 EAST OAKLAND PARK BLVD., SUITE 303 FORT LAUDERDALE, FL 33306</b>	STREET ADDRESS CITY-ST-ZIP	<b>3696 North Federal Highway #200 Fort Lauderdale, Florida 33308</b>
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	<b>500118149645 02/15/08--01036--031 **\$500.00</b>
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STAPLE CHECK HERE

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:** David W. Ramsey **DAVID W. RAMSEY** 1/31/08 954-566-7485  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #