

FILE 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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 DEC 28 PM 1:02

1. Name of Limited Partnership

1a. DOCUMENT #
A97000001753

MDC HILLSBORO, LTD.



Mailing Address

Principal Office Address

% MDC HILLSBORO CORP.
7443 LEE DAVIS ROAD, SUITE 300
MECHANICSVILLE VA 23111

% MDC HILLSBORO CORP.
7443 LEE DAVIS ROAD, SUITE 300
MECHANICSVILLE VA 23111

3. Date Formed or Registered

08/12/1997

5a. Capital Contributions as Shown on record.

\$1,500,000.00

3a. Date of Last Report

12/31/1997

5b. Amount of Capital Contributions in FLORIDA to date:

2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

4. State or Country of Formation

FL

6. FEI Number

58-2352608

Applied For
 Not Applicable

7. Certificate of Status Desired

\$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

10. If changed, new Registered Agent/Office

HOLTON, PETER S ESQ
JONES FOSTER JOHNSTON & STUBBS, P.A.
505 SOUTH FLAGLER DRIVE, SUITE 1100
WEST PALM BEACH FL 33401-3475

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

526.25

9.75

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

12/23/98

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)

11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)

11b. City, State & Zip Code

11c. Registration/Document Number

MDC HILLSBORO CORP.

7443 LEE DAVIS ROAD,
Suite 300

MECHANICSVILLE VA 231

P97000070096

800002733418--6
-01/07/99--01068--026
*****526.25 *****526.25

800002733418--6
-01/07/99--01068--027
*****9.75 *****9.75

CRZE003 (8/98)

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 12/22/98

Typed or Printed Name of General Partner Signing Form

J. Thomas O'Brien, Jr.

Daytime Telephone Number 804-746-4500