

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A97000001753

1. Entity Name
MDC HILLSBORO, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 27 AM 3:05

Principal Place of Business
% MDC HILLSBORO CORP.
7443 LEE DAVIS ROAD, SUITE 300
MECHANICSVILLE VA 23111

Mailing Address
% MDC HILLSBORO CORP.
7443 LEE DAVIS ROAD, SUITE 300
MECHANICSVILLE VA 23111-4400



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
201 North U.S. Hwy One

3. Mailing Address
201 North U.S. Hwy One

Suite, Apt. #, etc.
D-5

Suite, Apt. #, etc.
D-5

City & State
Jupiter, FL

City & State
Jupiter, FL

4. FEI Number
58-2352608

Applied For
 Not Applicable

Zip Country
33477 Palm Beach

Zip Country
33477 Palm Beach

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BOYLE, CONRAD J ESO
500 EAST BROWARD BOULEVARD, SUITE 1950
FORT LAUDERDALE FL 33394-3029

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** 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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record. **\$1,500,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
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.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # **P97000070096**
NAME **MDC HILLSBORO CORP.**
STREET ADDRESS **7443 LEE DAVIS ROAD, SUITE 300**
CITY-ST-ZIP **MECHANICSVILLE VA 23111**

STREET ADDRESS **201 North U.S. Hwy One, D-5**
CITY-ST-ZIP **Jupiter, FL 33477**

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CITY-ST-ZIP

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: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

4/24/00

561/747-4883

FILED 001 2000