

**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

**DOCUMENT # A97000001753**

1. Entity Name  
MDC HILLSBORO, LTD.



**FILED**  
**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**

**04 APR 19 PM 2:11**

Principal Place of Business  
201 NORTH U.S. HWY. ONE  
D-5  
JUPITER, FL 33477

Mailing Address  
201 NORTH U.S. HWY. ONE  
D-5  
JUPITER, FL 33477

2. Principal Place of Business  
3501 PGA Blvd.

3. Mailing Address  
3501 PGA Blvd.

Suite, Apt. #, etc.  
Suite 201

Suite, Apt. #, etc.  
Suite 201

02062004 Chg-LP CR2E003 (10/03)

City & State  
Palm Beach Gardens, FL

City & State  
Palm Beach Gardens, FL

4. FEI Number  
58-2352608

Applied For  
Not Applicable

Zip  
33410

Country  
Palm Beach

Zip  
33410

Country  
Palm Beach

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

**6. Name and Address of Current Registered Agent**

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

**7. Name and Address of New Registered Agent**

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. 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

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

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**

DOCUMENT # P97000070096  
NAME MDC HILLSBORO CORP.  
STREET ADDRESS 201 NORTH U.S. HWY. ONE, D-5  
CITY-ST-ZIP JUPITER, FL 33477

**13. ADDRESS CHANGES ONLY**

STREET ADDRESS 3501 PGA Blvd, Suite 201

CITY-ST-ZIP Palm Beach 33480

05/10/04 01044 013 \*\*535.00

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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:**

SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING GENERAL PARTNER

2-5-03

Date

561-232-5000

Daytime Phone #

STAPLE CHECK HERE