


**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2005**

FILED

2005 APR 12 AM 9:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # A97000001753</b>	
1. Entity Name MDC HILLSBORO, LTD.	

Principal Place of Business 3501 PGA BLVD., STE. 201 PALM BEACH GARDENS FL 33410	Mailing Address 3501 PGA BLVD., STE. 201 PALM BEACH GARDENS FL 33410
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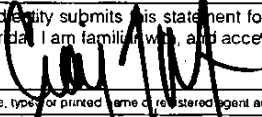
1ST MOORE CR2E003 (10/04)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number <b>58-2352608</b>	Applied For Not Applicable
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6. Name and Address of Current Registered Agent  <b>BOYLE, CONRAD J ESQ 500 EAST BROWARD BOULEVARD, SUITE 1950 FORT LAUDERDALE FL 33394-3029</b>	7. Name and Address of New Registered Agent  <b>Craig I. Menin c/o Menin Development Companies 3501 PGA Blvd. Suite 201 Palm Beach Gardens, FL 33410</b>
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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 **1-21-05**

11. FILE NOW!!! Due by May 1, 2005.  
See Block 11 instructions for fee info.

9. Capital Contributions as Shown on record. <b>\$1,500,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date.
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**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 #	<b>P97000070096</b>
NAME	<b>MDC HILLSBORO CORP.</b>
STREET ADDRESS	<b>3501 PGA BLVD., STE. 201</b>
CITY-ST-ZIP	<b>PALM BEACH GARDENS FL 33410</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

**580054034445**  
05/09/05--01006--019 \*\*526.25

STAPLE CHECK HERE

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:  DATE: **1-21-05** 561-282-5000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #