

**2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2006**



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 APR 24 AM 8:43

DOCUMENT # A97000001753
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

2. Principal Place of Business: Suite, Apt. #, etc.
3. Mailing Address: Suite, Apt. #, etc.

City & State

Zip Country Zip Country

4. FEI Number: 58-2352608
Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required



1st MOORE CR2E003 (10/05)

6. Name and Address of Current Registered Agent
MENIN, CRAIG I
C/O MENIN DEVELOPMENT COMPANIES
3501 PGA BLVD, STE 201
PALM BEACH GARDENS FL 33410

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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! Fee is \$500. * After May 1, 2006, fee will be \$900. *** Make check payable to Florida Department of State.**

**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	3501 PGA BLVD., STE. 201
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410
DOCUMENT #	
NAME	RBJ, LLC
STREET ADDRESS	3501 PGA Blvd, Suite 201
CITY-ST-ZIP	Palm Beach Gardens, FL 33410
DOCUMENT #	
NAME	Craig I. Menin
STREET ADDRESS	3501 PGA Blvd, Suite 201
CITY-ST-ZIP	Palm Beach Gardens, FL 33410
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	000074753380
CITY-ST-ZIP	05/17/06--01012--011 **500.00
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

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: _____ DATE: 1-26-06 DAYTIME PHONE #: 561-282-5000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STAPLE CHECK HERE