


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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 FEB 18 AM 8:40

**DOCUMENT # A99000001832**  
1. Entity Name  
1516 HILLCREST LTD.



Principal Place of Business: 602 EAST CHURCH STREET, ORLANDO FL 32801  
Mailing Address: 120 E COLONIAL DRIVE, ORLANDO FL 32801

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

City & State

Zip Country Zip Country

*MS*  
1ST MOORE CR2E003 (10/04)

4. FEI Number: 59-3607869  
Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent  
INTRASTATE REGISTERED AGENT CORPORATION  
701 BRICKELL AVE., SUITE 3000  
MIAMI FL 33131

7. Name and Address of New Registered Agent  
Name: Charles J. Mitchell Jr  
Street Address (P.O. Box Number is Not Acceptable): 120 E. Colonial Drive  
City: Orlando, FL Zip Code: 32801

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]*  
Signature, typed or printed name of registered agent and title if applicable DATE

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

9. Capital Contributions as Shown on record. \$806,544.00

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 #                      | P99000098003               |
| NAME                            | FIRSTCAP INVESTMENTS, INC. |
| STREET ADDRESS                  | 120 E COLONIAL             |
| CITY-ST-ZIP                     | ORLANDO FL 32801           |
| DOCUMENT #                      |                            |
| NAME                            |                            |
| STREET ADDRESS                  |                            |
| CITY-ST-ZIP                     |                            |
| 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           | 200047493452                  |
| CITY-ST-ZIP              | 03/01/05--01035--009 **526.25 |
| STREET ADDRESS           |                               |
| CITY-ST-ZIP              |                               |
| STREET ADDRESS           |                               |
| CITY-ST-ZIP              |                               |
| STREET ADDRESS           |                               |
| CITY-ST-ZIP              |                               |

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:** *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #