


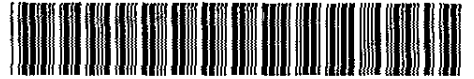
**2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2006**

**FILED  
Jan 27, 2006 08:00 AM  
Secretary of State**

**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

1st MOORE CR2E003 (10/05)

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

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

6. Name and Address of Current Registered Agent  
**MITCHELL, CHARLES J JR  
120 E COLONIAL DRIVE  
ORLANDO FL 32801**

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 file 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.**

STAPLE CHECK HERE

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P99000098003	STREET ADDRESS	
NAME	FIRSTCAP INVESTMENTS, INC.	CITY-ST-ZIP	100000404556 02/07/06-80004-012 500.00
STREET ADDRESS	120 E COLONIAL	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32801	CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
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DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:** *Charles J Mitchell* **1-19-06** **807-872-0000**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #