


**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

07 JAN 22 AM 9:24

DOCUMENT # A99000001832  
 1. Entity Name  
 1516 HILLCREST LTD.



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



2. Principal Place of Business - No P.O. Box # 3. Mailing Address  
 120 E. COLONIAL DRIVE  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

01052007 Chg-LP CR2E003 (12/06)

City & State City & State  
 ORLANDO, FL  
 Zip Country Zip Country  
 32801 USA

4. FEI Number Applied For  
 59-3607869 Not Applicable

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 title if applicable.

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2007, Fee will be \$900.00**


200086144042  
 01/24/07--01038--001 \*\*500.00

**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	

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	

STAPLE CHECK HERE

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, JR. 1-15-07 407-872-0209  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #