
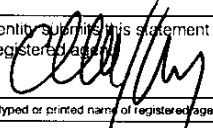



2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

08 MAR 11 PM 4:38

DOCUMENT # A99000001832			
1. Entity Name 1516 HILLCREST LTD.			
Principal Place of Business 120 E COLONIAL DRIVE ORLANDO, FL 32801		Mailing Address 120 E COLONIAL DRIVE ORLANDO, FL 32801	
2. Principal Place of Business - No P.O. Box # 1516 E. HILLCREST ST.		3. Mailing Address 1516 E. HILLCREST ST.	
Suite, Apt. #, etc. SUITE 210		Suite, Apt. #, etc. SUITE 210	
City & State ORLANDO, FL		City & State ORLANDO, FL	
Zip 32803		Country USA	
4. FEI Number 59-3607869		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$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 MITCHELL, CHARLES J. JR. Street Address (P.O. Box Number is Not Acceptable) 1516 E. HILLCREST ST. # 210 City ORLANDO FL Zip Code 32803	
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, typed or printed name of registered agent and title if applicable.		CHARLES J. MITCHELL, JR. 2-1-08 DATE	
<p>FILE NOW!!! FEE IS \$500.00 After May 1, 2008, Fee will be \$900.00</p> <p>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.</p>			
12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	P99000098003 FIRSTCAP INVESTMENTS, INC. 120 E COLONIAL ORLANDO, FL 32801	STREET ADDRESS CITY-ST-ZIP	1516 E. HILLCREST ST. #210 ORLANDO, FL 32803
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	900120722959 03/19/08--01021--002 **500.00
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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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		CHARLES J. MITCHELL, JR. 2-1-08 407-872-0209 Date Daytime Phone #	

STAPLE CHECK HERE