


2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)


0008262 AT

DOCUMENT # A99000001832	
1. Entity Name 1516 HILLCREST LTD.	

FILED

03 APR 18 PM 1:35

SECRETARY OF STATE
TALLAHASSEE



Principal Place of Business 602 EAST CHURCH STREET ORLANDO FL 32801	Mailing Address 602 EAST CHURCH STREET ORLANDO FL 32801
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2. Principal Place of Business	3. Mailing Address 120 E. COLONIAL DRIVE
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State ORLANDO, FL	4. FEI Number 59-3607869
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Zip 32801	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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DUE BY MAY 1, 2003
Applied For
Not Applicable

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

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

10. Amount of Capital Contributions in FLORIDA to date.
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**11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION**

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	13. ADDRESS CHANGES ONLY												
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CR2E003 (10/02)

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 REQUIRED	Date 4-18-03 Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER	