

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

06 MAY -1 AM 8:43

DOCUMENT # B02000000202

1. Entity Name
 HILLSBORO MHP, L.P.



Principal Place of Business
 525 UNIVERSITY AVE., STE. 610
 PALO ALTO, CA 94301

Mailing Address
 525 UNIVERSITY AVE., STE. 610
 PALO ALTO, CA 94301

2. Principal Place of Business
 575 High Street

3. Mailing Address
 575 High Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 350

Suite 350

City & State

City & State

Zip

Country

Zip

Country

04132006 Chg-LP CR2E003 (11/05)

4. FEI Number
 68-0412911

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

FORD, JIM
 6300 QUEENSBURY BLVD.
 SARASOTA, FL 34241

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

FILE NOW!!! FEE IS \$500.00
After May 1, 2006, Fee will be \$900.00

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

13. ADDRESS CHANGES ONLY

DOCUMENT #
 NAME THE BEN F. IVY LIVING TRUST
 STREET ADDRESS IVY, BEN F. TRUSTEE
 CITY-ST-ZIP 525 UNIVERSITY AVE., STE. 610
 PALO ALTO, CA 94301

STREET ADDRESS
 575 High Street, Suite 350

CITY-ST-ZIP

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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STREET ADDRESS
 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:

Catherine E. Ivy, Co-Trustee of the Ben F. Ivy Living Trust

4/20/06

6503283800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

Catherine E. Ivy, Co-Trustee of the Ben F. Ivy Living Trust

STAPLE CHECK HERE