

**FILE ON OR BEFORE APRIL 7, 1999 TO AVOID
REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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FILED

99 MAR -2 PM 12: 52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1. Name of Limited Partnership	1a. DOCUMENT # A98000001451
HILLSBORO MILE LIMITED PARTNERSHIP	

Mailing Address 7 INDEPENDENCE COURT DEERFIELD BEACH FL 33442	Principal Office Address 7 INDEPENDENCE COURT DEERFIELD BEACH FL 33442	3. Date Formed or Registered 06/11/1998	5a. Capital Contributions as Shown on record \$200,000.00
2. Mailing Address		3a. Date of Last Report	5b. Amount of Capital Contributions in FLORIDA to date 5000
2a. Principal Office Address		4. State or Country of Formation FL	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	6. FEI Number 65088703	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
City & State	City & State	7. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Zip Country	Zip Country	8. Make check payable to Dept of State (See reverse side for fee information) 235.00	

9. Name and Address of Current Registered Agent * SCIARRETTA, STEVEN A ESQ. 2300 GLADES ROAD, SUITE 302E BOCA RATON FL 33431	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) 300002803493--9 Suite, Apt. #, etc. 03/12/99--01002--019 City ***535.00 ***535.00 FL
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10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
WINE, ANTHONY	7 INDEPENDENCE COURT	DEERFIELD BEACH FL 33	

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE *Anthony Wine* DATE 2/20/99

Typed or Printed Name of General Partner Signing Form _____ Daytime Telephone Number _____

CR2E003 (12/98)