


**2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004**

**FILED
Feb 09, 2004 08:00 AM
Secretary of State**

DOCUMENT # A11888
1. Entity Name
ROLLING HILLS, LTD.



Principal Place of Business
516 LAKEVIEW ROAD, UNIT 8
CLEARWATER, FL 33756

Mailing Address
516 LAKEVIEW ROAD, UNIT 8
CLEARWATER, FL 33756

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country



01142004 Chg-LP CR2E003 (10/03)

4. FEI Number
59-2267137 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

FLYNN, THOMAS F
516 LAKEVIEW ROAD, UNIT 8
CLEARWATER, FL 33756-3302

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. \$305,000.00

10. Amount of Capital Contributions in FLORIDA to date.

**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 #	P98000081539	STREET ADDRESS	
NAME	ROLLING HILLS ONE OF DUNNELLON, INC.	CITY-ST-ZIP	
STREET ADDRESS	516 LAKEVIEW ROAD, UNIT 8	STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER, FL 337563302	CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	000000070948
NAME		CITY-ST-ZIP	02/28/04-80039-005 535.00
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STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Kevin Flynn **As Vice-President of** 1/16/04 727-449-1182
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER **Corporate General Partner** Daytime Phone #