


**2008 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2008**

**FILED  
Feb 21, 2008 08:00 AM  
Secretary of State**

|   |   |
|---|---|
| <b>DOCUMENT # A11888</b><br>1. Entity Name<br>ROLLING HILLS, LTD. |  |
|---|---|

|  |  |
|--|--|
| Principal Place of Business<br>516 LAKEVIEW ROAD, UNIT 8<br>CLEARWATER, FL 33756 | Mailing Address<br>516 LAKEVIEW ROAD, UNIT 8<br>CLEARWATER, FL 33756 |
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**DO NOT WRITE IN THIS SPACE**

01152008 No Chg-LP      CR2E003 (12/06)

|  |                               |
|--|-------------------------------|
| 4. FEI Number<br>59-2267137  | Applied For<br>Not Applicable |
| 5. Certificate of Status Desired <b>XX</b> <b>\$8.75</b> Additional Fee Required |                               |

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE IN THIS SPACE**

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.

**FILE NOW!!! FEE IS \$500.00  
After May 1, 2008, Fee will be \$900.00**

000000834211  
02/28/08-80044-008 508.75

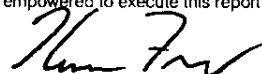
**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

| 12. GENERAL PARTNER INFORMATION                         |   |
|---|---|
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | P98000081539<br>ROLLING HILLS ONE OF DUNNELLON, INC.<br>516 LAKEVIEW ROAD, UNIT 8<br>CLEARWATER, FL 337563302 |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |
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STAPLE CHECK HERE

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:**  **Kevin T Flynn**      2/15/08      727-449-1182

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER      Date      Daytime Phone #

**Vice-President of  
Corporate General Partner**