

**FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILED
 98 DEC 29 AM 9:45
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



1. Name of Limited Partnership HILLSIDE, LTD.	1a. DOCUMENT # A16258
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Mailing Address P. O. BOX 8256 PENSACOLA FL 32516	Principal Office Address 8900 U.S. 98 WEST PENSACOLA FL 32506	3. Date Formed or Registered 01/23/1984	5a. Capital Contributions as Shown on record. \$100.00
2. Mailing Address 516 Lakeview Road	2a. Principal Office Address 516 Lakeview Road	3a. Date of Last Report 09/26/1997	5b. Amount of Capital Contributions in FLORIDA to date:
Suite, Apt. #, etc. Unit 8	Suite, Apt. #, etc. Unit 8	4. State or Country of Formation FL	
City & State Clearwater, Florida	City & State Clearwater, Florida	6. FEI Number 59-2560290	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
Zip 33756	Zip 33756	7. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
Country USA	Country USA	8. Make check payable to: Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent
BLANTON, JOLYNE R
8900 U.S. HWY. 98, WEST
PENSACOLA FL 32506

10. If changed, new Registered Agent/Office
 Name **Thomas F. Flynn**
 Street Address (P.O. Box Number Is Not Acceptable)
516 Lakeview Road
 Suite, Apt. #, etc.
Unit 8
 City **Clearwater** **FL** Zip Code **33756**

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) *Thomas F. Flynn* 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
ESCAMBIA CONSTRUCTION CO., I Hillside One of Dunnellon, Inc.	8900 U.S. 98 WEST 516 Lakeview Rd, Unit 8	PENSACOLA FL Clearwater; Florida 33756	237213 A16258 P98000081536 800002741818-7 -01/14/99-01077-002 ****150.00 ***150.00

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 *Thomas F. Flynn* DATE **11/20/98**
 Typed or Printed Name of General Partner Signing Form **Thomas F. Flynn, President** Daytime Telephone Number **727-449-1182 Ex. 211**

CR2E003 (8/98)