


**2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005**

FILED
Feb 28, 2005 08:00 AM
Secretary of State

DOCUMENT # A16258
1. Entity Name
HILLSIDE, LTD.




Principal Place of Business: 516 LAKEVIEW RD. UNIT 8 CLEARWATER, FL 33375-6
Mailing Address: 516 LAKEVIEW RD. UNIT 8 CLEARWATER, FL 33375-6

2. Principal Place of Business: Suite, Apt #, etc
3. Mailing Address: Suite, Apt #, etc

City & State

Zip Country



01272005 Chg-LP CR2E003 (10/03)

4. FEI Number: 59-2560290
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 file # applicable

9. Capital Contributions as Shown on record: \$100.00
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

DOCUMENT #	P98000081536
NAME	HILLSIDE ONE OF DUNNELLON, INC.
STREET ADDRESS	516 LAKEVIEW ROAD, UNIT 8
CITY - ST - ZIP	CLEARWATER, FL 337563302
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
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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 exemption stated in Section 119.07(3)(c), 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 **As Vice-President of** 2/16/05 727-449-1182
Corporate General Partner

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date of Filing

STAPLE CHECK HERE