


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

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

|   |   |   |
|---|---|---|
| <b>DOCUMENT # A16258</b><br>1. Entity Name<br>HILLSIDE, LTD.                        |   |  |
| Principal Place of Business<br>516 LAKEVIEW RD.<br>UNIT 8<br>CLEARWATER, FL 33375-6 | Mailing Address<br>516 LAKEVIEW RD.<br>UNIT 8<br>CLEARWATER, FL 33375-6 |   |

**DO NOT WRITE IN THIS SPACE**



01102008 No Chg-LP      CR2E003 (12/06)

|  |                                       |
|--|---------------------------------------|
| 4. FEI Number<br><b>59-2560290</b>                                   | Applied Fee<br>Not Applicable         |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | <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 \_\_\_\_\_ 02/29/08-00084-011 508.75

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

**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 | P98000081536<br>HILLSIDE ONE OF DUNNELLON, INC.<br>516 LAKEVIEW ROAD, UNIT 8<br>CLEARWATER, FL 337563302 |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |

**DO NOT WRITE  
IN THIS SPACE**

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      02/15/08      727-449-1182  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER      Date      Daytime Phone #

**Corporate General Partner**

STAPLE CHECK HERE