

APPLICATION FOR
REINSTATEMENT
FOR



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

LIMITED PARTNERSHIP
ANNUAL REPORT 1999
DOCUMENT #

B97000000343

FILED
MAY 12 PM 4:08
TALLAHASSEE, FLORIDA

1. Name of Limited Partnership
HILLSIDE ASSET STRATEGIES, L.P.
2100 S.E. 17th STREET SUITE 204
OCALA, FL 34474

2. Mailing Address
2100 S.E. 17th STREET
Suite Apt # etc: **SUITE 204**
City & State: **OCALA, FL**
Zip: **34474** Country: **USA**

3. Principal Office Address
2100 S.E. 17th STREET
Suite Apt # etc: **SUITE 204**
City & State: **OCALA, FL**
Zip: **34474** Country: **USA**

4. Date Partnership Registered
To Date: **1/10/97**

5. FILING NUMBER
59-3455702

6. CERTIFICATE OF STATUS DESIRED **DE**
\$8.75 Additional Fee required for a Certificate of Status

7. State or Country of Location: **DE**

8a. Capital Contributions as Shown on Record
\$500

8b. Amount of Capital Contributions in FLORIDA to date
\$500

FEES: (1) Filing Fees: Computed at a rate of \$7 per \$1,000 on amount entered in 8b, with a minimum filing fee of \$52.50 and a maximum of \$437.50, for each year due this office.
(2) Supplemental Fees: \$88.75 for each year due this office, beginning with 1992 calendar year.
(3) Penalty Fees: \$500 penalty fee for each year report form is delinquent.
Note: If the amount entered in 8b is greater than amount entered in 8a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.

9. Name and Address of Current Registered Agent
CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

10. Paid Registered Agent Fee
600000747816
01/20/99 01060 011
\$150.00
Name: _____
City: _____ State: **FL** Zip Code: _____

10a. Pursuant to the provisions of sections 620.10(1) and 620.10(2), Florida Statute, the above named limited partnership is registered in the State of Florida as a partnership 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 the named agent. I am familiar with and accept the obligations of section 620.192, Florida Statute.

SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____
A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Names of General Partner(s)
THE HILLSIDE GROUP, LLC

Address of Each General Partner (Do NOT Use Post Office Box Numbers)
2100 S.E. 17th STREET SUITE 204

City, State and Zip Code
OCALA, FL 34471

11a. Registration Document Number
M97000000418

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 a true and correct statement and does not qualify for the exemption stated in Section 119.02(3)(a), Florida Statute. I release the Division of Corporations from any liability of non-compliance with Section 119.02(3)(a) in the event that the information supplied is disseminated for public access. I further certify that I am a general partner in 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 and am authorized to execute this report as required by Chapter 620, Florida Statute.

SIGNATURE *W. Kempf*
Typed or Printed Name of General Partner Signing Form: **W. Kempf**

DATE **5/10/99**
Telephone Number **(352) 401-1900**

CP2E039 (12/98)