
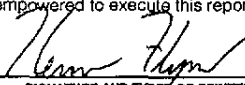


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Feb 09, 2004 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. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
4. FEI Number 59-2560290			Applied For Not Applicable		
5. Certificate of Status Desired <input checked="" type="checkbox"/>			\$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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
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			13. ADDRESS CHANGES ONLY		
DOCUMENT #	P98000081536		STREET ADDRESS		
NAME	HILLSIDE ONE OF DUNNELLON, INC. ✓		CITY-ST-ZIP		
STREET ADDRESS	516 LAKEVIEW ROAD, UNIT 8				
CITY-ST-ZIP	CLEARWATER, FL 337563302				
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
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NAME			CITY-ST-ZIP		
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)(i), 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: 			As Vice-President of Corporate General Partner		
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING GENERAL PARTNER			1/16/04 727-449-1182 <small>Daytime Phone #</small>		

STAPLE CHECK HERE

UNRECORDED
 02/28/04 80035-008 150.00