

2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

DOCUMENT # A0100000976

1. Entity Name
NEW HILL INVESTMENTS, LIMITED PARTNERSHIP



FILED

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJA

Principal Place of Business
135 FRANKLIN BOULEVARD
ST. GEORGE ISLAND, FL 32328

Mailing Address
115 PENN WARRENT DR.
SUITE 300-385
BRENTWOOD, TN 37027



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|--|--|
| 2. Principal Place of Business <i>115 PENN WARREN DR.</i> | 3. Mailing Address <i>115 PENN WARREN DR.</i> |
| Suite, Apt. #, etc. <i>SUITE 300-385</i> | Suite, Apt. #, etc. <i>SUITE 300-385</i> |
| City & State <i>BRENTWOOD, TN</i> | City & State <i>BRENTWOOD, TN</i> |
| Zip <i>37027</i> | Zip <i>37027</i> |
| Country <i>USA</i> | Country <i>USA</i> |

01032005 Chg-LP CR2E003 (10/03) 1/10

6. Name and Address of Current Registered Agent

LIGHTSEY, ALTON L
808 S. DENNING DRIVE
WINTER PARK, FL 32789

4. FEI Number
62-1806724

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

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 title if applicable.

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|--|---|
| 9. Capital Contributions as Shown on record. \$5,000.00 | 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 # | L01000010205 | STREET ADDRESS | |
| NAME | REI CAPITAL, LLC | CITY-ST-ZIP | |
| STREET ADDRESS | 115 PENN WARREN DRIVE, SUITE 300-385 | | |
| CITY-ST-ZIP | BRENTWOOD, TN 37027 | | |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | | CITY-ST-ZIP | |
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| CITY-ST-ZIP | | | |

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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: John W. Coloma 1/3/05 615-661-4721

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #