



2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

DOCUMENT # A01000000976 1. Entity Name NEW HILL INVESTMENTS, LIMITED PARTNERSHIP				FILED 05 JAN 10 PM 2:20 SECRETARY OF STATE TALLAHASSEE FLORIDA 	
Principal Place of Business 135 FRANKLIN BOULEVARD ST. GEORGE ISLAND, FL 32328		Mailing Address 115 PENN WARRENT DR. SUITE 300-385 BRENTWOOD, TN 37027		01032005 Chg-LP CR2E003 (10/03) 1/10	
2. Principal Place of Business 115 PENN WARREN DR. Suite, Apt. #, etc. SUITE 300-385		3. Mailing Address 115 PENN WARREN DR. Suite, Apt. #, etc. SUITE 300-385			
City & State BRENTWOOD, TN Zip Country 37027 USA		City & State BRENTWOOD, TN Zip Country 37027 USA			
4. FEI Number 62-1806724		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent LIGHTSEY, ALTON L 808 S. DENNING DRIVE WINTER PARK, FL 32789	
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. \$5,000.00		10. Amount of Capital Contributions in FLORIDA to date.		11. 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		STREET ADDRESS		
CITY-ST-ZIP	BRENTWOOD, TN 37027		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: <i>John W. Colman</i>			1/3/05		615-661-4721
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			<small>Date</small>		<small>Daytime Phone #</small>

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