

AD 1000000976

DOCUMENT # A6100000976

1. Entity Name
**NEW HILL INVESTMENTS, LIMITED
PARTNERSHIP**

FILED

03 JAN -9 PM 2:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
135 FRANKLIN BOULEVARD
Suite, Apt. #, etc.

3. Mailing Address
115 PENN WARREN DRIVE
Suite, Apt. #, etc.
SUITE 300-385

City & State
ST. GEORGE ISLAND, FL
Zip
32328
Country
US

City & State
BRENTWOOD, TN
Zip
37027
Country
US

4. FEI Number
62-1806724
Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name
ALTON L. LIGHTSEY
Street Address (P.O. Box Number is Not Acceptable)
808 S. DENNING DRIVE
City
WINTER PARK FL Zip Code
32789

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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **5,000**

10. Amount of Capital Contributions in FLORIDA to date. **-0-**

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

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.

STAPLE CHECK HERE

12. GENERAL PARTNER INFORMATION			
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
	L 01000010205	REI CAPITAL, LLC	115 PENN WARREN DR. STE. 300-385
		BRENTWOOD, TN	37027
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
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REINSTATEMENT 2002-2003

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 A. Coleman**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

12/31/02 Date
615-661-4921 Daytime Phone #

CR2E003B (12/01)