

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A02000001471

1. Entity Name
HILL INVESTMENTS FAMILY LTD.



FILED

03 SEP 29 AM 9:59



Principal Place of Business
199 TWIN LAKES ROAD
MELBOURNE FL 32901

Mailing Address
199 TWIN LAKES ROAD
MELBOURNE FL 32901

2. Principal Place of Business
1101 MIRAMAR DRIVE
Suite, Apt. #, etc.

3. Mailing Address
1101 MIRAMAR DRIVE
Suite, Apt. #, etc.

DUE BY SEPTEMBER 24, 2003

City & State
INDIANATLANTIC, FL
Zip
32903
Country

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INDIANATLANTIC, FL
Zip
32903
Country

4. FEI Number
04-3734562
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GLASSER, GENE K
C/O ABRAMS ANTON P.A.
2021 TYLER STREET
HOLLYWOOD FL 33020

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

9. Capital Contributions as Shown on record. \$0.00 10. Amount of Capital Contributions in FLORIDA to date. 11. MAKE CHECK PAYABLE TO FL. 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.

12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY	
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP	
	GOULET, BARBARA	199 TWIN LAKES ROAD	INDIANATLANTIC, FL 32903	
		MELBOURNE FL 32901		
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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: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

9/22/03 401-886-4025
Date Daytime Phone #

CR2E003 (4/03)

0002168 AB