


**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2005**

<b>DOCUMENT # A20945</b>			
1. Entity Name <b>NEWELL HILL VILLAS LIMITED</b>			
Principal Place of Business <b>678 W. BAY ST. WINTER GARDEN FL 34787</b>		Mailing Address <b>678 W. BAY ST. WINTER GARDEN FL 34787</b>	
2. Principal Place of Business		3. Mailing Address <b>505 N. Boyd St</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <b>Winter Garden, FL</b>	
Zip	Country	Zip <b>34787</b>	Country <b>USA</b>
4. FEI Number <b>59-2576355</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired		<input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

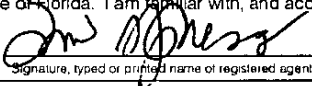
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1ST MOORE CR2E003 (10/04)

6. Name and Address of Current Registered Agent <b>STEPHENS, TONI 678 W. BAY ST. WINTER GARDEN FL 34787</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>300056034119</b> <b>06/10/05--01076--001 **535.00</b> City <b>FL</b> Zip Code	
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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


9. Capital Contributions as Shown on record. **\$286,700.00** 10. Amount of Capital Contributions in FLORIDA to date.

11. FILE NOW!!! Due by May 1, 2005.  
See Block 11 instructions for fee info.

**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 <b>GREENE, CLAUDE L. JR.</b>	STREET ADDRESS	
STREET ADDRESS	<b>678 W. BAY ST.</b>	CITY-ST-ZIP	
CITY-ST-ZIP	<b>WINTER GARDEN FL 34787</b>		
DOCUMENT #	NAME	STREET ADDRESS	
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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:  **9/18/05 407656288**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE