

2001 UNIFORM BUSINESS REPORT (UBR)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0006917 AF

DOCUMENT # **A29997**

1. Entity Name

ROLLING HILLS MANAGEMENT, LTD.

Principal Place of Business

**3501 WEST ROLLING HILLS CIRCLE
DAVIE FL 33328**

Mailing Address

**3501 WEST ROLLING HILLS CIRCLE
DAVIE FL 33328**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0186035**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

REYES, CARLOS ESO

MONTERO FINIZIO VELAZQUES & REYES, P.A.

200 SOUTHEAST NINTH STREET

FT LAUDERDALE FL 33316

Name **Robert Macaulay Esquire**

Street Address (P.O. Box Number is Not Acceptable)

2200 Suntrust International Center

1 S.E. Third Avenue

City **Miami, Florida**

FL

Zip **33131**

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

Robert B. Macaulay

Robert B. Macaulay

4/30/01

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

(NOT Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$7,500.00

10. Amount of Capital Contributions
in FLORIDA to date.

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.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # **L66948**
NAME **ROLLING HILLS MGMT, INC.**
STREET ADDRESS **3501 W ROLLING HILLS CIR**
CITY-ST-ZIP **DAVIE FL**

STREET ADDRESS

CITY-ST-ZIP

000004275720--3
-05/22/01--01030--016
******141.25 ****141.25**

DOCUMENT #
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STREET ADDRESS
CITY-ST-ZIP

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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:

Robert B. Macaulay
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (11/00)