

# 2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

02 JUN 11 AM 9:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

001137 AT



**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  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

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  
**MACAULAY, ROBERT ESQ  
2200 SUNTRUST INTERNATIONAL CENTER  
1 S.E. THIRD AVE.  
MIAMI FL 33131**

7. Name and Address of New Registered Agent  
Name **Robert Macaulay, Esquire**  
Street Address (P.O. Box Number is Not Applicable)  
**2200 Suntrust International Center  
One S.E. Third Avenue**  
City **Miami,** 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$7,500.00**

10. Amount of Capital Contributions in FLORIDA to date. **\$131,515.77**

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 # NAME STREET ADDRESS CITY-ST-ZIP	<b>L66948 ROLLING HILLS MGMT, INC. 3501 W ROLLING HILLS CIR DAVIE FL</b>	STREET ADDRESS 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: *Nobuaki Kasai* **4/26/02** **954-475-0400**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/01)