## 2003 LIMITED PARTNERSHIP

DOCUMENT # A30977  1. Entity Name HILL INVESTMENTS, LTD.					FILED 03 MAY -6 AM 9: 32		
Principal Place of Business 6010 POINTE WEST BOULEVARD BRADENTON FL 34209		Mailing Address 6010 POINTE WEST BOULEVARD BRADENTON FL 34209		SECRETARY OF STATE TALLAHASSEE, FLORIDA			
Principal Place of Business     Address     Mailing Address					{	EKI BIBII BIBIK BIBIK BIBIK BIBIK 1884	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DUE, BY MAY 1, 2003			
City & State		City & State. ~		4. FEI Number 65-0237766	Applied For Not Applicable		
Zip	Country Zip C		Cour	try	5. Certificate of Status Desired \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agen		Registered Agent			7. Name and Address of New Registered Agent		
HILL GEO	DEEDEV W	سية سسب س		Name	Name		
HILL, GEOFFREY W. 6010 POINTE WEST BOULEVARD BRADENTON FL 34209				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 Signature, typed or printed name of registered agent and title if applicable.							
9. Capital Contributions as Shown on record.  10. Amount of Capital Contributions in FLORIDA to date.  2,001,960.00  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 filled to change a general partner.							
12.	GENERAL PARTNER	<del></del>	13.	,	ADDRESS CHANGES	<del></del>	
DOCUMENT # NAME STREET ADDRESS	HILL, GEOFFREY W. TADDRESS 6010 POINTE W BLVD		STRE	EET ADORESS			
CITY-ST-ZIP			CITY	-ST-ZIP			
DOCUMENT # NAME STREET ADDRESS				ET ADDRESS	700018292937 - <del>05/06/03 01053 007 **\$26.25</del>		
CITY-ST-ZIP				-31-217			
DOCUMENT # NAME STREET ADDRESS			STRE	ET ADDRESS			
CITY-ST-ZIP	<u> </u>	<u>, , , , , , , , , , , , , , , , , , , </u>	CITY	-ST-ZIP	<del></del>		
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DOCUMENT # NAME STREET ADDRESS			STRE	ET ADDRESS			
CITY-ST-ZIP			CITY	-ST-ZIP			
NAME			STRE	ET ADDRESS	<del></del>		
STREET ADDRESS   CITY-ST-ZIP				-ST-ZIP			
14. Thereby 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							

STAPLE CHECK HERE

SIGNATURE: SIGNATURE AND TYPED OF FRINTED NAME OF SIGNING GENERAL PARTNER