

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A33067**

1. Entity Name

**HILL DEVELOPMENT COMPANY, LTD.**

FILED

02 MAR 22 AM 11:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business

C/O MOORE AND ELLRICH, P.A.  
4400 PGA BLVD., SUITE 400  
PALM BEACH GARDENS FL 33410

Mailing Address

C/O MOORE AND ELLRICH, P.A.  
4400 PGA BLVD., SUITE 400  
PALM BEACH GARDENS FL 33410

2. Principal Place of Business

3. Mailing Address

Suite, Apt., #, etc.

Suite, Apt., #, etc.

**DUE BY MAY 1, 2002**

City & State

City & State

4. FEI Number

**65-0345370**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

~~MOORE, BECKY B~~

C/O MOORE AND ELLRICH, P.A.  
4400 PGA BLVD., SUITE 400  
PALM BEACH GARDENS FL 33410

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.

SIGNATURE

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

DATE

9. Capital Contributions as Shown on record

**\$2,326,372.00**

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 #	NAME	STREET ADDRESS	CITY - ST - ZIP
	HILL, CONNIE SUE	4400 PGA BLVD., SUITE 400	PALM BEACH GARDENS FL 33410

STREET ADDRESS	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: *Connie Sue Hill*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1/20/02 (919) 387-7734  
Date Daytime Phone #

CR2E003 (9/01)