


2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR) DUE BY MAY 1, 2006

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAR 17 AM 10:45

DOCUMENT # A98000001201			
1. Entity Name THE HILLSIDE FARM OF GAINESVILLE, LTD.			
Principal Place of Business 6110 N.W. 1ST PLACE GAINESVILLE FL 32607		Mailing Address 6110 N.W. 1ST PLACE GAINESVILLE FL 32607	
2. Principal Place of Business		3. Mailing Address CO SHEY ASSOC. INC. Suite, Apt. #, etc. 6110 NW 1st Pl. Suite A	
Suite, Apt. #, etc.		City & State GAINESVILLE, FL.	
City & State		4. FEI Number 59-3532893	
Zip	Country	Zip	Country
32607	USA	32607	USA
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For Not Applicable	



1st MOORE CR2E003 (10/05)

6. Name and Address of Current Registered Agent SHEY, LAURA 6110 N.W. 1ST PLACE GAINESVILLE FL 32607		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! Fee is \$500. * After May 1, 2006, fee will be \$900. *** Make check payable to Florida Department of State.**

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	346029 SHEY ASSOCIATES, INC. 6110 N.W. 1ST PLACE GAINESVILLE FL 32607	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 exemptions contained in Chapter 119, 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:

President Laura Shey 2/21/06 (352) 331-1668
DATE Daytime Phone #

STAPLE CHECK HERE