

**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)**  
**DUE BY MAY 1, 2004**

**DOCUMENT # A98000001606**

1. Entity Name

G. L. HILL, LTD.



**FILED**

04 APR 27 PM 3:43

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

*MJH*



MOORE

CR2E003 (11/03)

*4/27*

4. FEI Number

59-3525252

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

ROBERT L. MUNCE PUBLISHING, INC.  
415 2ND STREET  
INDIAN ROCKS BEACH FL 33785

**7. Name and Address of New Registered Agent**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

DATE

9. Capital Contributions  
as Shown on record.

\$460,000.00

10. Amount of Capital Contributions  
in FLORIDA to date.

*460,000.00*

**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 filed to change a general partner.**

**12. GENERAL PARTNER INFORMATION**

DOCUMENT # 587873  
NAME ROBERT L. MUNCE PUBLISHING, INC.  
STREET ADDRESS 415 2ND STREET  
CITY-ST-ZIP INDIAN ROCKS BEACH FL 33785

**13. ADDRESS CHANGES ONLY**

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

**800036931678**  
05/19/04--01049--024 \*\*526.50

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

*Robert L. Munce* ROBERT L. MUNCE

*4/7/04*

DATE

*727-596-7625*

Daytime Phone #

STAPLE CHECK HERE