

**FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

96 DEC -2 PM 1:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Name of Limited Partnership

1a. DOCUMENT #
B93000000201

HILLSIDE ESTATES, A LIMITED PARTNERSHIP



4/12/5

Mailing Address

3835 HIGHWAY 128
CALISTOGA CA 94575

Principal Office Address

3835 HIGHWAY 128
CALISTOGA CA 94575

3. Date Formed or Registered

05/05/1993

5a. Capital Contributions as Shown on record

\$7,500.00

3a. Date of Last Report

12/26/1995

5b. Amount of Capital Contributions in FLORIDA to date:

\$ 7,500.00

4. State or Country of Formation

CA

2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

6. FEI Number

94-2517379

Applied For
 Not Applicable

7. Certificate of Status Desired

\$8.75 Additional Fee Required

8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

~~SKINNER, MARC~~
~~4901 SAVARESE CIRCLE NORTH~~
~~TAMPA FL 33634~~

10. If changed, new Registered Agent/Office

Name
MR. PROAL PERRY
Street Address (P.O. Box Number Is Not Acceptable)
2210 NW 29TH
Suite, Apt. #, etc.
City
OAKLAND PARK FL Zip Code
33311

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) *Proal Perry* DATE _____

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
SEPS, JERRY	3835 HIGHWAY 128	CALISTOGA CA 94515	
SEPS, SIGRID	3835 HIGHWAY 128	CALISTOGA CA 94515	B93000000201
		500002021705--0	
		-12/06/96--01015--025	
		****138.75 ****138.75	
		500002021705--0	
		-12/06/96--01015--026	
		****52.50 ****52.50	

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 690, Florida Statutes.

SIGNATURE *Bernard Seps* DATE *10/03/96*

Typed or Printed Name of General Partner Signing Form **BERNARD (JERRY) SEPS** Daytime Telephone Number **(707) 942-5310**

CR2E003 (6/96)