

**FILE ON OR BEFORE APRIL 8, 1998 TO AVOID  
REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP  
ANNUAL REPORT  
**1998**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

98 FEB 25 AM 11: 51



|  |         |  |         |
|--|---------|--|---------|
| <b>1. Name of Limited Partnership</b>          |         | <b>1a. DOCUMENT #</b><br><b>B93000000201</b>   |         |
| <b>HILLSIDE ESTATES, A LIMITED PARTNERSHIP</b> |         |  |         |
| <b>Mailing Address</b>                         |         | <b>Principal Office Address</b>  |         |
| 3835 HIGHWAY 128<br>CALISTOGA CA 94575         |         | 3835 HIGHWAY 128<br>CALISTOGA CA 94575   |         |
| <b>2. Mailing Address</b>                      |         | <b>2a. Principal Office Address</b>  |         |
| Suite, Apt. #, etc.                            |         | Suite, Apt. #, etc.  |         |
| City & State                                   |         | City & State   |         |
| Zip  | Country | Zip  | Country |
| <b>3. Date Formed or Registered</b>            |         | <b>5a. Capital Contributions as Shown on record.</b>                                       |         |
| 05/05/1993                                     |         | \$7,500.00   |         |
| <b>3a. Date of Last Report</b>                 |         | <b>5b. Amount of Capital Contributions in FLORIDA to date:</b>                             |         |
| 12/02/1996                                     |         |  |         |
| <b>4. State or Country of Formation</b>        |         | <b>6. FEI Number</b>   |         |
| CA   |         | 94-2517379 <input type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable |         |
| <b>7. Certificate of Status Desired</b>        |         | <b>8. Make check payable to: Dept. of State (See reverse side for fee information)</b>     |         |
| <input type="checkbox"/>                       |         | \$8.75 Additional Fee Required   |         |

|  |  |  |  |
|--|--|--|--|
| <b>9. Name and Address of Current Registered Agent</b> |  | <b>10. If changed, new Registered Agent/Office</b>                       |  |
| PERRY, PROAL<br>2210 NW 29TH<br>OAKLAND PARK FL 33311  |  | Name<br>800002447648--5  |  |
|  |  | Street Address (P.O. Box Number is Not Accepted)<br>03705798--01007--008 |  |
|  |  | Suite, Apt. #, etc.<br>***141.25 ***141.25                               |  |
|  |  | City<br>FL   |  |
|  |  | Zip Code   |  |

**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) \_\_\_\_\_ DATE \_\_\_\_\_

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

| <b>11. Name(s) of General Partner(s)</b> | <b>11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)</b> | <b>11b. City, State &amp; Zip Code</b> | <b>11c. Registration/Document Number</b> |
|--|--|--|--|
| SEPS, JERRY                              | 3835 HIGHWAY 128   | CALISTOGA CA 94515                     | OK<br>3-3                                |
| SEPS, SIGRID                             | 3835 HIGHWAY 128   | CALISTOGA CA 94515                     |  |

**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 620, Florida Statutes.

SIGNATURE J. Demand Seps DATE 2/11/98