


**FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 98 DEC 17 PM 2:02

1. Name of Limited Partnership HILLSIDE ESTATES, A LIMITED PARTNERSHIP	1a. DOCUMENT # B93000000201
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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
2. Mailing Address Suite, Apt. #, etc. City & State Zip <u>94515</u> Country		3a. Date of Last Report 02/25/1998	
2a. Principal Office Address Suite, Apt. #, etc. City & State Zip <u>94515</u> Country		4. State or Country of Formation CA	
		6. FEI Number <u>94-2517379</u> <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
		7. Certificate of Status Desired <input type="checkbox"/> \$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 PERRY, PROAL 2210 NW 29TH OAKLAND PARK FL 33311	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City State <u>FL</u> Zip Code
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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.**

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	

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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. Bernard Seps DATE 12/8/98
 Typed or Printed Name of General Partner Signing Form J. BERNARD SEPS Daytime Telephone Number 707/942-5310

CR2E003 (8/88)