

2002 UNIFORM BUSINESS REPORT (UBR)

0021377 SP

DOCUMENT # **B93000000201**

1. Entity Name
HILLSIDE ESTATES, A LIMITED PARTNERSHIP

FILED

02 APR 22 PM 3:21

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



Principal Place of Business 3835 HIGHWAY 128 CALISTOGA CA 94515	Mailing Address 3835 HIGHWAY 128 CALISTOGA CA 94515
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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4. FEI Number 94-2517379	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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DUE BY MAY 1, 2002

Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PERRY, PROAL
2210 NW 29TH
OAKLAND PARK FL 33311**

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.

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

9. Capital Contributions as Shown on record. \$7,500.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**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	
	SEPS, JERRY		
STREET ADDRESS	3835 HIGHWAY 128	CITY-ST-ZIP	
CITY-ST-ZIP	CALISTOGA CA 94515		
DOCUMENT #	NAME	STREET ADDRESS	100005414461--2
	SEPS, SIGRID		05/01/02 01027 015
STREET ADDRESS	3835 HIGHWAY 128	CITY-ST-ZIP	****141.25 ****141.25
CITY-ST-ZIP	CALISTOGA CA 94515		
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			
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STREET ADDRESS		CITY-ST-ZIP	
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STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/16/02 **707/942-5310**
Date Daytime Phone #

CFR2003 (9/01)