


# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0020896 MB

**DOCUMENT # B93000000201**

1. Entity Name  
**HILLSIDE ESTATES, A LIMITED PARTNERSHIP**



**FILED**  
03 APR 16 AM 10:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business <b>3835 HIGHWAY 128 CALISTOGA CA 94515</b>	Mailing Address <b>3835 HIGHWAY 128 CALISTOGA CA 94515</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

**DUE BY MAY 1, 2003**

4. FEI Number <b>94-2517379</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fes Required</b>	

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

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

**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 \_\_\_\_\_ 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 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 #	<b>SEPS, JERRY</b>
NAME	<b>3835 HIGHWAY 128</b>
STREET ADDRESS	<b>CALISTOGA CA 94515</b>
CITY-ST-ZIP	
DOCUMENT #	<b>SEPS, SIGRID</b>
NAME	<b>3835 HIGHWAY 128</b>
STREET ADDRESS	<b>CALISTOGA CA 94515</b>
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	<b>900016119889</b>
CITY-ST-ZIP	<b>04/16/03--01064--003 **141.25</b>
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
STREET ADDRESS	
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 **3/7/03** **7079425310**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE

CRZE003 (10/02)