

FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT
TO 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

97 DEC 29 AM 11:22



1. Name of Limited Partnership

1a. DOCUMENT #
B97000000106

BERRY HILL CAPITAL LIMITED PARTNERSHIP

Mailing Address

~~16 VIA LAGO~~
~~BOYNTON BEACH FL 33435~~

Principal Office Address

NEVADA CORPORATE HEADQUARTERS, INC.
5300 WEST SAHARA, SUITE 101
LAS VEGAS NV 89102

3. Date Formed or Registered

02/24/1997

5a. Capital Contributions as
Shown on record

\$1,000.00

3a. Date of Last Report

4. State or Country of Formation

NE

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

2. Mailing Address

2792 Oxford-Reilly Rd.
Suite, Apt. #, etc.

2a. Principal Office Address

Suite, Apt. #, etc.

City & State

Oxford, Ohio

City & State

Zip

45056 Butler

Country

6. FEI Number

65-0706009

☐ 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

FONTAINE, JOHN

~~16 VIA LAGO~~

~~BOYNTON BEACH FL 33435~~

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number Is Not Acceptable)

4600 AIA S.

Suite, Apt. #, etc.

VDP 4-1

City

St. Augustine

FL

Zip Code

32084

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)

John Fontaine

DATE

12/15/97

**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)

CAMBRIDGE FINANCIAL

11a. Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

5300 WEST SAHARA, SUI

11b. City, State & Zip Code

LAS VEGAS NV 89102

11c. Registration/
Document Number

G97055900005

100002398301--7
-01/13/98--01054--020
****156.25 ****156.25

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

John A. Fontaine

DATE

12/15/97

Typed or Printed Name of General Partner Signing Form

John A. FONTAINE

Daytime Telephone Number

904-471-8726

CR2E003 (6/97)