


**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004**

FILED
Feb 17, 2004 08:00 AM
Secretary of State

DOCUMENT # B97000000106	
1. Entity Name BERRY HILL CAPITAL LIMITED PARTNERSHIP	

Principal Place of Business NEVADA CORPORATE HEADQUARTERS, INC. 5300 WEST SAHARA, SUITE 101 LAS VEGAS NV 89102	Mailing Address 2792 OXFORD-REILY RD OXFORD OH 45056
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc	Suite, Apt. #, etc
City & State	City & State
Zip	Country



MOORE CR2E003 (11/03)

6. Name and Address of Current Registered Agent FONTAINE, JOHN 4600 A1A S., VDP 4-1 ST AUGUSTINE FL 32084	7. Name and Address of New Registered Agent 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. 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. \$1,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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 #	G97055900005	STREET ADDRESS	
NAME	CAMBRIDGE FINANCIAL	CITY - ST - ZIP	
STREET ADDRESS	5300 WEST SAHARA, SUITE 101		
CITY - ST - ZIP	LAS VEGAS NV 89102		
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
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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: John A. Fontaine, Pres. John A. Fontaine 2/6/04 513-756-0780
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE