


**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2005**

<b>DOCUMENT # B97000000106</b>	
1. Entity Name <b>BERRY HILL CAPITAL LIMITED PARTNERSHIP</b>	

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

**FILED**  
**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**  
**05 MAR 10 AM 10:33**

  
**1ST MOORE CR2E003 (10/04)**

4. FEI Number <b>65-0706009</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>FONTAINE, JOHN 4600 A1A S., VDP 4-1 ST AUGUSTINE FL 32084</b>	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	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 <b>\$1,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date. <b>\$1,000.00</b>
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**11. FILE NOW!!! Due by May 1, 2005.**  
**See Block 11 instructions for fee info.**

**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 CITY-ST-ZIP	<b>G97055900005 CAMBRIDGE FINANCIAL 5300 WEST SAHARA, SUITE 101 LAS VEGAS NV 89102</b>	STREET ADDRESS CITY-ST-ZIP	<b>600048863256 03/22/05--01041--027 **150.00</b>
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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 C. Fontaine, President  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**3/04/05** **513-756-0780**  
Date Daytime Phone #

STAPLE CHECK HERE