


FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP  
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

<b>LIMITED PARTNERSHIP ANNUAL REPORT 1999</b>			<b>FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS</b>
<b>1. Name of Limited Partnership</b>		<b>1a. DOCUMENT #</b> <b>B97000000348</b>	
<b>HILLSIDE FINANCE INTERNATIONAL, L.P.</b>			
<b>Mailing Address</b>  2100 S.E. 17TH STREET. #204 OCALA FL 34471		<b>Principal Office Address</b>  2100 S.E. 17TH STREET. #204 OCALA FL 34471	
<b>2. Mailing Address</b>	<b>2a. Principal Office Address</b>		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

99 JAN -4 PM 3:42



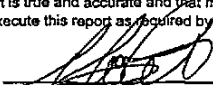
<b>3. Date Formed or Registered</b> 07/10/1997	<b>5a. Capital Contributions as Shown on record.</b>  \$500.00
<b>3a. Date of Last Report</b> 04/03/1998	
<b>4. State or Country of Formation</b> DE	<b>5b. Amount of Capital Contributions in FLORIDA to date:</b>
<b>6. FEI Number</b> 04-3293183	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
<b>7. Certificate of Status Desired</b>	<input type="checkbox"/> \$8.75 Additional Fee Required
<b>8. Make check payable to: Dept. of State (See reverse side for fee information)</b>	

<b>9. Name and Address of Current Registered Agent</b>		<b>10. If changed, new Registered Agent/Office</b>	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525		Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City	
		500002747815--0 -01/20/98-01060-011 ***\$600.00 ***\$150.00 FL Zip Code	
<b>10a.</b> 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) _____ DATE _____			
<b>A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b>			
<b>11. Name(s) of General Partner(s)</b>	<b>11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)</b>	<b>11b. City, State &amp; Zip Code</b>	<b>11c. Registration/ Document Number</b>
THE HILLSIDE GROUP, LLC	2100 S.E. 17TH STREET	OCALA FL 34471	M97000000418  150.00

**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



DATE 12/30/98

Typed or Printed Name of General Partner Signing Form

THE HILLSIDE GROUP, LLC

WILLIAM W. CUTH, MANAGING DIRECTOR

Daytime Telephone Number (352) 401-1900

CR2E003 (8/98)