### 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

#### **DOCUMENT # L00000011915**

1. Entity Name HILLSIDE, L.L.C.



Principal Place of Business

% SOUTHSTAR DEVELOPMENT PARTNERS, INC. 255 AHLAMBRA CIRCLE, SUITE 312 CORAL GABLES, FL 33134 Mailing Address

% SOUTHSTAR DEVELOPMENT PARTNERS, INC. 255 AHLAMBRA CIRCLE, SUITE 312 CORAL GABLES, FL 33134

## FILED Apr 09, 2004 8:00 am Secretary of State

04-09-2004 90217 025 \*\*\*\*50.00

**₩100001** 



01212004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number	
65-1045576	

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

B&C CORPORATE SERVICES OF CENTRAL FL, INC. 390 N. ORANGE AVENUE, SUITE 1100 ORLANDO, FL 32801

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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.	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE		
F	iling Fee is \$50.00 ue by May 1, 2004		<b>10.</b>		
9.	MANAGING MEMBERS/MANAGERS		* * * * * * * * * * * * * * * * * * *	_	
TITLE	MGR		*		
NAME	BENSON, NATHAN D				
A *******	4401/11/11/0 DD - GTT - 000				

#### 448 VIKING DR., STE. 220 CITY-ST-ZIP VIRGINIA BEACH, VA 23452 MGR GOTTLIEB, RAYMOND L NAME STREET ADDRESS 448 VIKING DR., STE. 220 CITY-ST-ZIP VIRGINIA BEACH, VA 23452 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADORESS CITY-ST-ZIP

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11. 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 managing member or manager of the limited fiability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

4/2/04

757-463-5006

Date

Daytime Phone #