

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 17 AM 10:54

1. Name of Limited Partnership HKM, LTD		1a. DOCUMENT # A25830	
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country		2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country	
Mailing Address HOLD THYSSEN, Inc. 1230 Hillcrest St. Suite 105 Orlando, FL 32803		Principal Office Address HOLD THYSSEN, Inc. 1230 Hillcrest St. #105 Orlando, FL 32803	
3. Date Formed or Registered 02/16/1988		5a. Capital Contributions as Shown on record \$1,047,750.00	
3a. Date of Last Report 11/08/1995		5b. Amount of Capital Contributions in FLORIDA to date:	
4. State or Country of Formation FL		6. FEI Number 58-1773537 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
7. Certificate of Status Desired <input checked="" type="checkbox"/> \$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 Hold, Robert 1230 Hillcrest St. Suite 105 Orlando, FL 32803		10. If changed, new Registered Agent/Office Name: Street Address (P.O. Box Number is Not Acceptable): Suite, Apt. #, etc.: City: FL Zip Code:	
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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) _____ DATE _____

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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number
Graf Zu Munster, Herman	Umweserstrasse 66, D-7	Baden-Baden 11 Germany	
Thyssen, Peter	Guntherstrasse 21,80	Muenchen 19, Germany	

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-12/23/97--01049--003
****550.00 ****550.00

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 _____
Typed or Printed Name of General Partner Signing Form: **Robert P. Hold, Agent for Owner** Daytime Telephone Number: **12/4/97**

CR2E003 (6/97)