


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
Feb 02, 2005 08:00 AM
Secretary of State

DOCUMENT # A25830
 1. Entity Name
 HKM, LTD.



Principal Place of Business
 147 WEST LYMAN AVENUE
 WINTER PARK, FL 32789

Mailing Address
 147 WEST LYMAN AVENUE
 WINTER PARK, FL 32789

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



01072005 Chg-LP CR2E003 (10/03)

4. FEI Number
58-1773537

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL 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 the if applicable.

9. Capital Contributions as Shown on record. **\$1,047,750.00**

10. Amount of Capital Contributions in FLORIDA to date

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	
	GRAF ZU MUNSTER, HERMANN		
STREET ADDRESS	UMWEGERSTRASSE 66	CITY-ST-ZIP	
CITY-ST-ZIP	D76488 BADEN-BADEN, GERMANY,		1100000208793
DOCUMENT #	NAME	STREET ADDRESS	02/02/05-80009-004 526.25
	THYSSEN, PETER		
STREET ADDRESS	LOEWENGRUBE 18	CITY-ST-ZIP	
CITY-ST-ZIP	DB0333 MUENCHEN, GERMANY,		
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			
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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: *Dr. H. Graf zu Muenster* 1/26/05 (615) 373 6910
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #
 Dr. H. Graf zu Muenster, General Partner