

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	
1. Name of Limited Partnership GRACE & WARING HRF LIMITED PARTNERSHIP		1a. DOCUMENT # A30939			
Mailing Address 4770 TREE FERN DRIVE DELRAY BEACH FL 33445		Principal Office Address 4770 TREE FERN DRIVE DELRAY BEACH FL 33445		3. Date Formed or Registered 12/17/1990	
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country		2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country		3a. Date of Last Report 12/12/1996	
				4. State or Country of Formation FL	
				5a. Capital Contributions as Shown on record \$1,000.00	
				5b. Amount of Capital Contributions in FLORIDA to date: 1000.00	
				6. FEI Number 65-0235703	
				7. Certificate of Status Desired ☐ Applied For ☐ Not Applicable	
				8. Make check payable to: Dept. of State (See reverse side for fee information) \$8.75 Additional Fee Required	

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

97 DEC -4 PM 1:07



9. Name and Address of Current Registered Agent FELNER, JAY 4770 TREE FERN DRIVE DELRAY BEACH FL 33445		10. If changed, new Registered Agent/Office Name: FF \$156.25 Street Address (P.O. Box Number is Not Acceptable): Suite, Apt. #, etc.: City: FL Zip Code:	
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) RUG PROPERTIES CORP	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 600 CENTRAL AVE., #365	11b. City, State & Zip Code HIGHLAND PARK IL 60035	11c. Registration/Document Number F92000000906
000002373890--9 -12/16/97--01101--001 ***5290.00 ****156.25			

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 _____
 Robert U. Goldman, Secretary of RUG Properties Corp.
 Typed or Printed Name of General Partner Signing Form

DATE 10/21/97

Daytime Telephone Number (847) 432-3666

CR2E003 (6/97)