

**FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

96 DEC 26 PM 1:33

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LIMITED PARTNERSHIP
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra Northam
Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership		1a. DOCUMENT # A96000000728	
The Hickman Family Limited Partnership			
2. Mailing Address 435 E. 52nd Street Suite, Apt. #, etc. Apt. 5A City & State New York, NY Zip Country 10022 USA		2a. Principal Office Address 135 Chilean Avenue Suite, Apt. #, etc. City & State Palm Beach, FL Zip Country 33480	
3. Date Formed or Registered 4/4/96		5a. Capital Contributions as Shown on record 5,000,000	
3a. Date of Last Report Florida		5b. Amount of Capital Contributions in FLORIDA to date 300,000	
4. State or Country of Formation		6. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
7. Certificate of Status Desired <input 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 Michael L. Duffy c/o Alley, Maass, Rogers & Lindsay 321 Royal Poinciana Plaza, South Palm Beach, Florida 33480	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
Cassat Enterprises, Inc.	135 Chilean Avenue	Palm Beach, FL	P96000037051

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***576.25 ***576.25

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 am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

PLEASE SIGN & DATE

SIGNATURE *Minnie C. Hickman* PRESIDENT. DATE *12/24/96*

TV CR2E003 (6/96)