

**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 18 AM 11:20

# 12/23

1. Name of Limited Partnership

1a. DOCUMENT #  
A96000000728

THE HICKMAN FAMILY LIMITED PARTNERSHIP

Mailing Address  
~~435 E. 52nd Street --  
Apt. 5A -----  
New York, New York 10022~~

Principal Office Address  
135 Chilean Avenue  
Palm Beach, FL 33480

3. Date Formed or Registered

04/04/96

5a. Capital Contributions as Shown or Received

\$ 5,000,000

3a. Date of Last Report

12/26/96

5b. Amount of Capital Contributions in Florida to date:

\$ 300,000

4. State or Country of Formation

FLORIDA

2. Mailing Address

321 Royal Poinciana Plaza  
Suite, Apt. #, etc.  
Palm Beach, Florida

2a. Principal Office Address

Suite, Apt. #, etc.

City & State  
33480 USA  
Zip Country

City & State  
Zip Country

6. FEI Number

65-0681474

Applied For  
 Not Applicable

7. Certificate of Status Desired

\$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  
Palm Beach, Florida 33480

10. If changed, new Registered Agent/Officer

Name  
Stuart J. Haft, Esq.  
Street Address (P.O. Box Number is Not Acceptable)  
c/o Alley Maass Rogers & Lindsay  
Suite, Apt. #, etc.  
321 Royal Poinciana Plaza, South  
City  
Palm Beach FL Zip Code  
33480

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)

*Stuart Haft*

DATE 12/8/97

**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)

Cassatt Enterprises, Inc.

11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)

135 Chilean Avenue

11b. City, State & Zip Code

Palm Beach, FL 33480

11c. Registration Document Number

P96000037051  
700002381887-8  
-12/24/97-01045-020  
\*\*\*\*541.25 \*\*\*\*541.25

**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

*Minnie C. Hickman*

DATE 12-15-97

Typed or Printed Name of General Partner Signing Form: Minnie C. Hickman, President Daytime Telephone Number: 561/655-3835

CR2E003 (6/97)