Document Number Only

B950000000030

C T CORPORATION SYSTEM
Requestor's Name
1311 Executive Center Drive, Ste. 200
Address
Tallahassee, FL. 32301 (904) 656-8298
City State Zip Phone

000001389800
-01/26/95--01017--022
*****96.25 *****96.25

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 24 PM 3:24

CORPORATION(S) NAME

HKK-I, L.P.
d/b/a
HKK-I, L.P., LTD

( ) Profit
( ) NonProfit
(X) Foreign
(X) Limited Partnership
( ) Reinstatement
( ) Certified Copy
( ) Call When Ready
(X) Walk In
( ) Mail Out

( ) Amendment
( ) Dissolution/Withdrawal
( ) Annual Report
( ) Reservation
( ) Photo Copies
( ) Call if Problem
(X) Will Wait

( ) Merger
( ) Mark
( ) Other
( ) Change of R.A.
( ) Fictitious Name
( ) CUS / G/S
( ) After 4:30
(X) Pick Up

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Document Examiner	3:00 1/24/95
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Acknowledgment	
W.P. Verifier	

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C. TAX
FILING 52.50
R. AGENT FEE 35.00
COPY 8.75
TOTAL 96.25
BANK
BALANCE DUE
REFUND

(file 2nd)

CR2E031 (1-89)

Florida Department of State, Jim Smith, Secretary of State

APPLICATION BY FOREIGN LIMITED PARTNERSHIP FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

1. HKK-I, L.P.
(Name of limited partnership as it is in the home state;

2 HKK-I, L.P., Ltd.
.(If name is unavailable, name under which the limited partnership proposes to register or transact business in Florida; must contain the word "LIMITED" or "LTD.")

3. ILLINOIS (State of Formation) 4. 1-11-95 (Date of Formation)

5. C T CORPORATION SYSTEM
(Name of Registered Agent for Service of Process)

6 c/o C T Corporation System, 1200 South Pine Island Road
(Street Address of Registered Office)

Plantation (City), Florida 33324 (Zip Code)

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DIVISION OF CORPORATIONS
95 JAN 24 PM 3:24

7.Acceptance by the Registered Agent for Service of Process.

C T CORPORATION SYSTEM

(Officer must sign on this line)

Beth A. Pope, Asst. Secretary
(Type Name and Title of Officer)

8. 111 West Jackson Boulevard, Chicago, IL 60604
(Address of Registered Office required in State of Formation or, if not required, Address of Principal Office.)

9. NAME OF GENERAL PARTNERS	SPECIFIC ADDRESS
HKK-I, Inc.	111 West Jackson Boulevard Chicago, IL 60604

F95000000391

10. 111 West Jackson Boulevard, 13th Floor, Chicago, IL 60604
(Office where Names, Addresses and Contributions of Limited Partners are kept.)

11. The limited partnership will undertake to keep the records listing the addresses and capital contributions of the limited partner or limited partners until the limited partnership's registration in Florida is cancelled or withdrawn.

12. 111 West Jackson Boulevard, 13th Floor, Chicago, IL 60604
(Mailing Address of Limited Partnership)

(FLA. LP 2819 – 2/1/92)

This 23rd day of January, 1995.

HKK-I, Inc.

By: _____
General Partner
Hersch M. Klaff, President

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DIVISION OF CORPORATIONS
95 JAN 24 PM 3:24

STATE OF ILLINOIS

COUNTY OF COOK

THE FOREGOING instrument was acknowledged and sworn to before this 23rd day of January, 19 95, by Hersch M. Klaff, President (Name of General Partner) of of HKK-I, Inc.

HKK-I, L.P.
(Name of Limited Partnership), An Illinois (State or Country) Limited Partnership, on behalf of the Limited Partnership.

Sharon Tessitore
Notary Public
State of Illinois at Large

"OFFICIAL SEAL"
SHARON TESSITORE
Notary Public, State of Illinois
My Commission Expires 1/3/96

(SEAL)

My Commission Expires:

_____

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

BEFORE ME, the undersigned, personally appeared Hersch M. Klaff, President of HKK-I, Inc., a general partner of HKK-I, L.P., a(an) Illinois, limited partnership, hereinafter referred to as the "Partnership", who certifies as follows:

1. The amount of capital contributions of the limited partners is $ 1,000.00.

2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is $ 250.00.

This 23rd day of January, 19 95

FURTHER AFFIANT SAYETH NOT.

Under penalties of perjury I declare that I have read the foregoing and that the facts are true to the best of my knowledge and belief.

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DIVISION OF CORPORATIONS
95 JAN 24 PM 3:24

HKK-I General Partner

STATE OF ILLINOIS
COUNTY OF COOK
DATE January 23 1995

BEFORE ME, the undersigned officer, a Notary Public authorized to administer oaths and to take acknowledgments in and for the State and County set forth above, personally appeared Hersch M. Klaff, President of HKK-I, Inc. (General Partner, known to me and know by me to be the person who executed the foregoing Affidavit of Capital Contributions, and he acknwledged to me and before me that he executed this Affidavit as General Partner of said partnership.

IN WHITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, in the State and County aforesaid, this 23 rd day of January, 19 95.

Sharon Tessitore
Notary Public

Seal

State of Illinois at Large

My Commission Expires:

"OFFICIAL SEAL"
SHARON TESSITORE
Notary Public, State of Illinois
My Commission Expires March 13, 1996

(FLA - LP 2820 - 9/20/90)

FILE ON OR BEFORE DECEMBER 31, 1995 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND $500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT **1996**

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

FILED
1995 OCT 17 PM 1:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
DO NOT WRITE IN THIS SPACE

1. Name of Limited Partnership: **HKK-I, L.P., LTD.**

1a. DOCUMENT # **B95000000030**

2. New Mailing Address, If Applicable

Suite, Apt. #, etc.

City, State & Zip

2a. New Principal Office Address, If Applicable

Suite, Apt. #, etc. 600001617276
-10/23/95--01023--008
****200.00 ****200.00

City, State & Zip

Mailing Address	Principal Office Address
111 WEST JACKSON BLVD., 13TH FLOOR	111 WEST JACKSON BLVD., 13TH FLOOR
CHICAGO IL 60604	CHICAGO IL 60604

If above addresses are incorrect in any way, line through the incorrect information and enter correct address in Block 2 and/or 2a

3. Date Formed or Registered to Do Business in FLORIDA	3a. Date of Last Report	4. State or Country of Formation
01/24/1995	N/A	IL

5a. Capital Contributions as Shown on Record	5b. Amount of Capital Contributions in FLORIDA to date	6. FEI Number	Applied For / Not Applicable	7. CERTIFICATE OF STATUS REQUIRED
$250.00	0	36-3997657		

8. **FEES:** 1.) Filing Fee: Computed at a rate of $7 per $1,000 on amount entered in 5b or 5a if 5b blank, with a minimum filing fee of $52.50 and a maximum of $437.50
2.) Supplemental Fee: $138.75 (pursuant to section 607.193, F.S.)
THE AMOUNT DUE SHALL BE NO LESS THAN $191.25 ($52.50 + $138.75) AND NO MORE THAN $576.25 ($437.50 + $138.75)
Note: If the amount entered in 5b is greater than amount entered in 5a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.
MAKE CHECK PAYABLE TO FLORIDA DEPT. OF STATE

9. Name and Address of Current Registered Agent	10. If changed, new Registered Agent/Office
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	Name 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

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
HKK-I, INC.	111 WEST JACKSON BLVD	CHICAGO IL 60604	P95000000301

AR - $52.50
SF - $138.75
Cus - 8.75
10/20/95

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)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) 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 effect 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 9-20-95

By: HKK-I, Inc. its general partner,
By: Hersch M. Klaff, its President

Typed or Printed Name of General Partner Signing Form

Telephone Number 312-360-1234

CR2E003 (6/95)

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