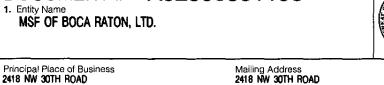
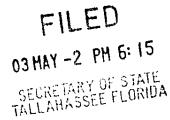
BOCA RATON FL 33431

A02000001198

DOCUMENT #

BOCA RATON FL 33431





2. Principal F	Place of Busin	ness	3. Mailing Address								
Suite, Apt.	#, etc.		Suite, Apt. #, e	Suite, Apt. #, etc.			DUE BY MAY 1, 2003				
City & State			City & State	City & State			4. FEI Number Applied For Not Applicable				
Zip	Zip Country Zip				try	of Status Desired	Desired S8.75 Additional Fee Required				
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent						
HCRM CORP					Name						
2200 CORPORATE BLVD. NW, STE. 401					Street Address (P.O. Box Number is Not Acceptable)						
BOCA RATON FL 33431					Ĺ <u> </u>						
					City	FL Zip Code				ode	
			for the purpose of cha	nging its registere	ed office or registe	ered agent, or both	, in the State of Florida.	am fan	niliar wi	ith, and accept	
the obligations of registered agent.											
SIGNATURE ————————————————————————————————————											
9. Capital Contributions \$1,000 to 10. Amount of Capital					outions #	ons di 11. MAKE CHECK PAYABLE TO FL. DEPT. OF ST				EPT. OF STATE	
as Shown		· · · · · · · · · · · · · · · · · · ·		IDA to date.	- 0.	O.OO SEE REVERSE SIDE FOR FEE INFORMATION					
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					<u></u>	ADDRESS CHANGES ONLY					
DOCUMENT # P02000095631					ET ADDRESS						
NAME STREET ADDRESS	The same same same										
CITY-ST-ZIP					100017875881						
DOCUMENT #					100017875881 05/02/0301048016 **141.25				. 25		
NAME				STRE	ET ADDRESS						
STREET ADDRESS				CITY	-ST-ZIP						
CITY-ST-ZIP											
DOCUMENT # NAME					EET ADDRESS						
STREET ADDRESS				PITV	-ST-ZIP						
CITY-ST-ZIP ·	<u></u> -		<u> </u>	UIIT.	-51-21						
DOCUMENT #			,	STRE	ET ADDRESS						
NAME STREET ADDRESS											
CITY-ST-ZIP					XITY-SI-ZIP						
DOCUMENT / 4				CTOE	ET ADDRESS						
NAME				Street							
STREET ADDRESS CITY-ST-ZIP				CITY-	ST-ZIP						
DOCUMENT #						<u>.</u>					
NAME				STRE	ET ADDRESS						
STREET ADDRESS				. CITY-	ST-ZIP	<u></u>	•				
CITY-ST-ZIP	<u> </u>	<u> </u>	· ·								

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:



5613915771

Daytime Phone #