

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED

2004 APR 22 PM 3: 50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A03000001530

1. Entity Name
HK FLORIDA INVESTMENT LIMITED PARTNERSHIP



Principal Place of Business
200 VALENCIA DRIVE
MAITLAND, FL 32751

Mailing Address
200 VALENCIA DRIVE
MAITLAND, FL 32751

2. Principal Place of Business

3. Mailing Address

P.O. Box 1618

Suite, Apt. #, etc.

Suite, Apt. #, etc.



01202004

Chg-LP

CR2E003 (10/03)

City & State

City & State

Maitland, FL

4. FEI Number

61-1455877

Applied For

Not Applicable

Zip

Country

Zip

32794

Country

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HICKMAN, ANDREW
200 VALENCIA DRIVE
MAITLAND, FL 32751

Name

Hickman, Andre

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Andre Hickman
Signature, typed or printed name of registered agent and title if applicable.

4/20/04
DATE

9. Capital Contributions as Shown on record.

\$0.00

10. Amount of Capital Contributions in FLORIDA to date.

\$0.00

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

13. ADDRESS CHANGES ONLY

DOCUMENT # P03000074720
NAME GRACE 101 GP, INC.
STREET ADDRESS 200 VALENCIA DRIVE
CITY-ST-ZIP MAITLAND, FL 32751

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

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:

Andre Hickman
Signature AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

4/20/04

(407) 331-1688

Daytime Phone #

STAPLE CHECK HERE