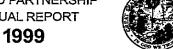
FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

SECRETARY OF STATE DIVISION OF CORPORATIONS

1.000		IVISION OF CORPORATION	196	TEC On	
1. Name of Limited Partnership	1a. D A100	OCUMENT#		DEC 22 AM 9: 47	
HAMBURG PROPERTIES, L	TD.		CP1/6		
Mailing Address	Principal Office Addre)SS	3, Date Formed or Registered	5a. Capital Contributions as Shown on record.	
625 BILTMORE WAY . APT. 1205 CORAL GABLES FL 33134	625 BILTMORE WA CORAL GABLES F		02/10/1981 3a. Date of Last Report 12/31/1997	\$3,750-00 5b. Amount of Capital Contributions in FLORIDA	
2. Mailing Address	2a. Principal Offic	ce Address	4. State or Country of Formation	to date:	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		6, FEI Number	Applied For	
City & State	City & State		59-2069532	Not Applicable	
Zip Country	Zip	Country	7. Certificate of Status Desired	\$8.75 Additional Fee Regulred	
<u> </u>			8. Make check payable to: Dept. of	State (See reverse side for fee information)	
9. Name and Address of Co	urrent Registered Agent		10. If changed, new Registere	id Agent/Office	
BENDIXEN, HELGA M.		Name			
625 BILTMORE WAY, APT. 1206	DRE WAY, APT. 1206		Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc.		
CORAL GABLES FL 33134					
		City		FL Zip Code	
agent. I am familiar with, and accept the oblig SIGNATURE (Registered Agent Accepting Appointment A GENERAL PARTNER TH	e or registered agent, or both, in atlons of section 620.192, Florida	the State of Florida. Such change Statules.	e was authorized by its general partner(s). I hereby the partner of the partner o	e State of Florida, submits this statement by accept the appointment of registered	
		(= 1.0 la	'E WITH THIS OFFICE.	Registration/	
11. Name(s) of General Partner(s)	TTa. (Do NOT U	s of Each General Partner se Post Office Box Numbers)	11b. City, State & Zip Code	Document Number	
BENDIXEN, HELGA M.	625 BILTMO	RE WAY #120	CORAL GABLES FL		
•			9000027 -01/08/ ****15	35599——0 9901103008 56.25 ****156.25	
Note: General partners MAY N	OT be changed on	this form: an ame	endment must be filed to ch	ange 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.

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