


FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT
TO REVOCATION AND \$500 PENALTY FEE

482.50
550.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 JAN 22 PM 12:44

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| LIMITED PARTNERSHIP ANNUAL REPORT 1998 | |  FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS | |
| 1. Name of Limited Partnership | | 1a. DOCUMENT # A23835 | |
| PEMBROKE PINES ASSOCIATES, L.P., LIMITED PARTNER SHIP | | | |
| Mailing Address %HIDARY ASSET MANAGEMENT, INC. 955 CONEY ISLAND AVE., STE. 200 BROOKLYN NY 11230 | | Principal Office Address %HIDARY ASSET MANAGEMENT, INC. 955 CONEY ISLAND AVE., STE. 200 BROOKLYN NY 11230 | |
| 2. Mailing Address | | 2a. Principal Office Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip Country | | Zip Country | |
| | | 3. Date Formed or Registered 12/17/1986 | |
| | | 3a. Date of Last Report 12/20/1996 | |
| | | 4. State or Country of Formation DE | |
| | | 5a. Capital Contributions as Shown on record. \$2,000,000.00 | |
| | | 5b. Amount of Capital Contributions in FLORIDA to date. | |
| | | 6. FEI Number 13-3400086 <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable | |
| | | 7. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |
| 8. Make check payable to: Dept. of State (See reverse side for fee information) | | | |



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|---|---|--|--|
| 9. Name and Address of Current Registered Agent | | 10. If changed, new Registered Agent/Office | |
| WILLIAM E. CLEMENTS JR. REAL ESTATE INVEST MENT & MANAGEMENT 2700 N. 29TH AVE. #205 HOLLYWOOD FL 33020 | | Name Key Corp Services, Inc. Street Address (P.O. Box Number Is Not Acceptable) 200 S. Biscayne Blvd. Suite, Apt. #, etc. 20th Floor City Miami FL Zip Code 33131 | |
| 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 MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. | | | |
| 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 |
| H&G ASSOCIATES Amend. 9-30-97 H&G II Associates L.L.C. | 955 CONEY ISL AVE #200 | BROOKLYN NY, 11230 | 883000000286 M9700000065 600002413766-- 1 -02/03/98--01053--003 ***550.00 ***550.00 KWm / CWS |

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 _____

DATE **12/30/97**

Typed or Printed Name of General Partner Signing Form _____

Daytime Telephone Number _____

CR2003 (6/97)