


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

LIMITED PARTNERSHIP ANNUAL REPORT 1999		 <p>FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS</p>		<p>FILED SECRETARY OF STATE DIVISION OF CORPORATIONS</p> <p>98 DEC 11 AM 10:54</p>	
1. Name of Limited Partnership HK ASSOCIATES, LTD.		1a. DOCUMENT # A23942			
2. Mailing Address 2300 GLADES ROAD, SUITE 100E BOCA RATON FL 33431		2a. Principal Office Address 2300 GLADES ROAD, SUITE 100E BOCA RATON FL 33431		3. Date Formed or Registered 12/24/1986 3a. Date of Last Report 11/12/1997 4. State or Country of Formation FL	
5a. Capital Contributions as Shown on record. \$2,800.00		5b. Amount of Capital Contributions in FLORIDA to date: 2,800.00			
6. FEI Number 59-2764759		<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable			
7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		8. Make check payable to: Dept. of State (See reverse side for fee information)			
9. Name and Address of Current Registered Agent KATZ, STANLEY M. 2 NORTH BREAKERS ROW PALM BEACH FL 33480			10. If changed, new Registered Agent/Office Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ Suite, Apt. #, etc. _____ City _____ State 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 MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.					
11. Name(s) of General Partner(s) STANLEY RICHARD GROUP, INC.		11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 2300 GLADES RD., STE. 100E		11b. City, State & Zip Code BOCA RATON FL 33431	
11c. Registration/Document Number K36399		800002712348--0 -12/15/98--01018--016 *****141.25 *****141.25			
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 <u>11/23/98</u> Typed or Printed Name of General Partner Signing Form <u>Stanley M. Katz</u> Daytime Telephone Number <u>(561) 392-6662</u>					

CR2E003 (8/98)