

**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 MAR -2 PM 3:12

<b>DOCUMENT # A23942</b>			
1. Entity Name HK ASSOCIATES, LTD.			
Principal Place of Business 2300 GLADES ROAD, SUITE 100E BOCA RATON, FL 33431		Mailing Address 2300 GLADES ROAD, SUITE 100E BOCA RATON, FL 33431	
2. Principal Place of Business <i>2 N Breakers Row</i> Suite, Apt. #, etc. <i>N 45</i>		3. Mailing Address <i>2 N Breakers Row</i> Suite, Apt. #, etc. <i>N 45</i>	
City & State <i>Palm Beach FL</i>		City & State <i>Palm Beach FL</i>	
Zip <i>33480</i>	Country <i>USA</i>	Zip <i>33480</i>	Country <i>USA</i>
4. FEI Number 59-2764759		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent  KATZ, STANLEY M. 2 NORTH BREAKERS ROW, N45 PALM BEACH, FL 33480		7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
9. Capital Contributions as Shown on record. \$2,800.00		10. Amount of Capital Contributions in FLORIDA to date.	
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>			
12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	K36399 STANLEY RICHARD GROUP, INC. 2300 GLADES RD., STE. 100E BOCA RATON, FL 33431	STREET ADDRESS CITY-ST-ZIP	<i>2 N Breakers Row</i> <i>Palm Beach FL 33480</i>
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	<b>100030312171</b> <b>03/11/04--01059--003 **150.00</b>
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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: <i>by Stanley Richard Group Inc</i>		Date <i>2/22/04</i> Dvertime Phone # <i>561 832 2090</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date	

STAPLE CHECK HERE