
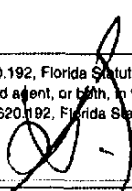
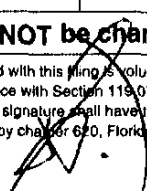


FILE ON OR BEFORE APRIL 9, 1997 TO AVOID REVOCATION
AND \$500 PENALTY FEE

FILED

97 APR 14 PM 1:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra Mortham Secretary of State DIVISION OF CORPORATIONS	
1. Name of Limited Partnership HIALEAH GARDENS ASSOCIATES, LTD.		1a. DOCUMENT # A29055	
Mailing Address 2255 GLADES ROAD, SUITE 01E BOCA RATON FL 33431		Principal Office Address 2255 GLADES ROAD, SUITE 01E BOCA RATON FL 33431	
2. Mailing Address 111 E. BOCA RATON Rd. Suite, Apt. #, etc.		2a. Principal Office Address 111 E. BOCA RATON Rd. Suite, Apt. #, etc.	
City & State BOCA RATON FL		City & State BOCA RATON FL	
Zip 33432		Country USA	
3. Date Formed or Registered 10/13/1989		5a. Capital Contributions as Shown on record. \$250.00	
3a. Date of Last Report 12/18/1995		5b. Amount of Capital Contributions in FLORIDA to date:	
4. State or Country of Formation FL		6. FEI Number 65-0125489 <input type="checkbox"/> Applied For <input 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 TALBOTT, GREGORY K. 2255 GLADES ROAD, SUITE 311E BOCA RATON FL 33431		10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) 111 E. BOCA RATON Rd. Suite, Apt. #, etc. City BOCA RATON FL Zip Code FL 33432	
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 4-9-97			
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
HGA, INC.	2255 GLADES RD STE 01 111 E. BOCA RATON Rd	BOCA RATON FL 33432	L22749
900002146879--9 -04/17/97--01108--013 ****156.25 ****156.25			
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 4-9-97 (561) 392-8525	
Typed or Printed Name of General Partner Signing Form		Daytime Telephone Number	

CR2E003 (11/96)