



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

LIMITED PARTNERSHIP ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 97 OCT 20 AM 9:34 	
1. Name of Limited Partnership HOGAN STREET LIMITED		1a. DOCUMENT # A29428		
2. Mailing Address 118 WEST ADAMS STREET, SUITE 3A- JACKSONVILLE FL 32202 <i>Suite 1000</i>		2a. Principal Office Address 118 WEST ADAMS STREET, SUITE 3A- JACKSONVILLE FL 32202 <i>Suite 1000</i>		3. Date Formed or Registered 12/28/1989 3a. Date of Last Report 11/13/1996 4. State or Country of Formation FL 6. FEI Number 59-2995763 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)
5a. Capital Contributions as Shown on record. \$80,000.00 5b. Amount of Capital Contributions in FLORIDA to date: \$80,000.00				
9. Name and Address of Current Registered Agent FOSTER, SCOTT R. 118 WEST ADAMS STREET, SUITE 3A <i>Suite 1000</i> JACKSONVILLE FL 32202		10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City 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) SCHULTZ PROPERTIES, INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 118 W. ADAMS ST., #3A- <i>Suite 1000</i>	11b. City, State & Zip Code JACKSONVILLE FL	11c. Registration/Document Number L27823 000002327810-7 -10/22/97-01032-010 ****541.251 ****541.25 <i>10</i>	
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 <i>Scott R. Foster</i> DATE <i>10/13/97</i> Typed or Printed Name of General Partner Signing Form Daytime Telephone Number <i>(904) 354-1789</i>				

CR2E003 (6/97)