

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

FILED

97 OCT 20 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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1. Name of Limited Partnership HICKORY RIDGE LIMITED PARTNERSHIP	1a. DOCUMENT # A30770 <i>98-AR CM</i>
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Mailing Address C/O NHS PROPERTY MANAGEMENT 3100 N. DRIES LANE AT FOREST HILLS PEORIA IL 61604	Principal Office Address C/O NHS PROPERTY MANAGEMENT 3100 N. DRIES LANE AT FOREST HILLS PEORIA IL 61604
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country	2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country

3. Date Formed or Registered 11/05/1990	5a. Capital Contributions as Shown on record. \$724,500.00
3a. Date of Last Report 10/30/1996	5b. Amount of Capital Contributions in FLORIDA to date:
4. State or Country of Formation FL	
6. FEI Number 37-1276346	<input type="checkbox"/> Applied For <input 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)	

9. Name and Address of Current Registered Agent ROSTOFF, HARRIETT 1500 S. OCEAN BLVD., UNIT #403 BOCA RATON FL 33432	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number) Suite, Apt. #, etc. City Zip Code
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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) HICKORY RIDGE APT. CORP.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) C/O 3100 N. DRIES LAN	11b. City, State & Zip Code PEORIA IL 61604	11c. Registration/ Document Number S10781
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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

Karen Harris

DATE

9/26/97

Typed or Printed Name of General Partner Signing Form

Karen Harris, President

Daytime Telephone Number

207-967-0955

CR2E003 (6/97)