

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 MAR 28 AM 8:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

mf 4/5



DO NOT WRITE IN THIS SPACE

DOCUMENT # A94000000246	
1. Entity Name HVA LIMITED PARTNERSHIP	
Principal Place of Business 1301 W. NEWPORT CENTER DRIVE DEERFIELD BEACH FL 33442	Mailing Address 1301 W. NEWPORT CENTER DRIVE DEERFIELD BEACH FL 33442-7734
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number	65-0472714	Applied For	
		Not Applicable	
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
VAN ARNEM, HAROLD L 1301 W. NEWPORT CENTER DRIVE DEERFIELD BEACH FL 33442		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record.	\$1,826,000.00	10. Amount of Capital Contributions in FLORIDA to date.	\$1,826,000.00	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P93000033207	STREET ADDRESS	
NAME	HVA CORPORATION	CITY - ST - ZIP	
STREET ADDRESS	1301 W. NEWPORT CENTER DRIVE		
CITY - ST - ZIP	DEERFIELD BEACH FL 33442		
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
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NAME		CITY - ST - ZIP	
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STREET ADDRESS			
CITY - ST - ZIP			

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: *HVA CORPORATION*
By: Betty Allen, Secy. DATE: *3/15/00* DAYTIME PHONE: *954-419-1382*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER DATE DAYTIME PHONE #

CR2E003 (9/99)