


LIMITED PARTNERSHIP ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
1. Name of Limited Partnership . .		1a. DOCUMENT # A94000001225			
HC ASSOCIATES, LTD.					
Mailing Address 1002 W. 223RD STREET, SUITE 400 PANAMA CITY FL 32405			Principal Office Address 1002 W. 223RD STREET, SUITE 400 PANAMA CITY FL 32405		
2. Mailing Address			2a. Principal Office Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	

<p>9. Name and Address of Current Registered Agent</p> <p>HENRY, ROBERT F III 1002 W. 23RD STREET, SUITE 400 PANAMA CITY FL 32405</p>	<p>10. If changed, new Registered Agent/Office</p> <p>Name</p> <p>Street Address (P.O. Box Number Is Not Acceptable)</p> <p>Suite, Apt. #, etc.</p> <p>City</p>
	<p>4000002410954--4</p> <p>-01/26/98--01003--002</p> <p>***1935.00 ***550.00</p> <p>FL Zip Code</p>

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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
ROYAL AMERICAN DEVELOPMENT,	1002 W. 23RD STREET,	PANAMA CITY FL 32405	598978 \$ 541.25 FF \$8.75 Cus CR 1-16

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 _____

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

(004) 769-8981

CR2F003 (6/97)