2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

DOCUMENT # A9400001225 1. Entity Name HC ASSOCIATES, LTD.					04 APR 30 AM 8: 08		
Principal Place of Business 1002 W. 23RD ST., STE. 400 PANAMA CITY, FL 32405			Mailing Address 1002 W. 23RD ST., STE. 400 PANAMA CITY, FL 32405			ARY OF STATE SSEE.FLORIDA	
2. Principal Place of Business		3. Mailing Address	3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		04212004 Chg-LP	CR2E003 (10/03)	
City & State		City & State	City & State		4. FEI Number 59-3265011	Applied For Not Applicable	
Zip	Country	Zip	Coun	ntry	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
HENRY ROBE	HENRY, ROBERT F III				Name Lauretta J. Pippin		
1002 W. 23RD STREET, SUITE 400				Street Address (P.O. Box Number is Not Acceptable)			
PANAMA CITY		. 1		V. 23 rd St., Ste. 400			
000				City Panam	a City	FL Zip Code 32405	
8. The above name the obligations o	d entity submits this statema if registered agent.	int for the purpose of change	ing its register	ed office or registe	red agent, or both, in the State of F	forida. I am familiar with, and accept	
SIGNATURE Signatu	SIGNATURE Signature, typed or printed name of registered by our and title (applicable.)					4/22/04 DATE	
9. Capital Contribut as Shown on rec		10. Amount of in FLORID		butions			
					TERED AND ACTIVE WITH T		
12. GENERAL PARTNER INFORMATION			13.			HANGES ONLY	
DOCUMENT / 598978 " NAME ROYAL AMERICAN DEVELOPMENT, INC.			STR	EET ADDRESS			
STREET ADDRESS 1002 W. 23RD STREET, SUITE PANAMA CITY, FL 32405		iTE 400	400 . CITY				
DOCUMENT # NAME			STR	EET ADDRESS	3 000 3 05/12/0401	6080203 016018 **535.00	
STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS			Y-ST-ZIP			
DOCUMENT # NAME			STR	EET ADDRESS			
STREET ADDRESS CITY-ST-ZIP			cm	Y-ST-ZIP			
DOCUMENT # NAME			STR	EET ADDRESS		·	
STREET ADDRESS CITY-ST-ZIP			CITY	Y-ST-ZIP			
NAME			RT2	EET ADDRESS			
			CIT	Y-ST-ZIP			
DOCUMENT #			STR	LEET ADDRESS			
STREET ADDRESS CITY-ST-ZIP			cim	Y-ST-ZIP			
indicated on thi	that the information supplied is report is true and accurate trustee empowered to execu	and that my signature shall	ll have the sam y Chapter 620,	ne legal effect as if r	made under oath; that I am a Gene	s. I further certify that the information in all Partner of the limited partnership or (850) 769-8981	