

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. Martham Secretary of State DIVISION OF CORPORATIONS
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 SEP 29 AM 9:31



HTV ASSOCIATES LIMITED PARTNERSHIP

1. Name of Limited Partnership	1a. DOCUMENT # A94000001711
2. Mailing Address	
Mailing Address 222 JEFFERSON BLVD. WARWICK RI 02886	
Principal Office Address 222 JEFFERSON BLVD. WARWICK RI 02886	
3. Date Formed or Registered 12/14/1994	5a. Capital Contributions as Shown on record \$1,000.00
4. State or Country of Formation FL	5b. Amount of Capital Contributions in FLORIDA to date: 1,000.
6. FEI Number 05-0486115	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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)	

9. Name and Address of Current Registered Agent	10. If changed, new Registered Agent/Office
Name CORPAMERICA, INC. 1525 SOUTH ANDREWS AVENUE, SUITE 216 FORT LAUDERDALE FL 33316	
Street Address (P.O. Box Number Is Not Acceptable)	
Suite, Apt. #, etc.	
City	Zip Code FL

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) HILLTOP PARTNERS, L.P.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 222 JEFFERSON BLVD.	11b. City, State & Zip Code WARWICK RI 02886	11c. Registration/ Document Number A94000001709
100002310661--9 -10/02/97--01121--010 ****156.25 ****156.25			
KWM			

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 document as required by chapter 620, Florida Statutes.

SIGNATURE

Typed or Printed Name of General Partner Signing Form

**PRESIDENT, LANDEX OF JACKSONVILLE, INC.,
GENERAL PARTNER, HILLTOP PARTNERS, L.P.,
GENERAL PARTNER, HTV ASSOCIATES, L.P.**

9/18/97

Daytime Telephone Number **(401) 732-5430**

CR2E003 (6/97)