




FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP  
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 99 MAR 10 AM 10:36	
1. Name of Limited Partnership <b>HOLLOWDENE GROVES LIMITED</b>		1a. DOCUMENT # <b>A94000001726</b>			
Mailing Address % P.G. LATHAM/MKP, INC. 390 NORTH ORANGE AVE., SUITE 600 ORLANDO FL 32801		Principal Office Address % P.G. LATHAM/MKP, INC. 390 NORTH ORANGE AVE., SUITE 600 ORLANDO FL 32801		3. Date Formed or Registered <b>12/15/1994</b>	
2. Mailing Address SEE CHANGE ABOVE		2a. Principal Office Address SEE CHANGE ABOVE		3a. Date of Last Report <b>09/26/1997</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. State or Country of Formation <b>FL</b>	
City & State		City & State		6. FEI Number <b>59-3289984</b>	
Zip		Country		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 <b>LATHAM, PETER G 390 NORTH ORANGE AVENUE, SUITE 600 ORLANDO FL 32801</b>		10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City <b>FL</b> Zip Code		FF \$141.25	
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 _____					
<b>A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b>					
11. Name(s) of General Partner(s) <b>MKP, INC.</b>  SEE AMENDMENT ENCLOSED		11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) <b>390 NORTH ORANGE AVEN</b>		11b. City, State & Zip Code <b>ORLANDO FL 32801</b>	
				11c. Registration/ Document Number <b>P94000090791</b> <b>600002810736--9</b> <b>-03/18/98--01072--001</b> <b>*****88.75 *****88.75</b> <b>200002663612--4</b> <b>-10/14/93--01053--002</b> <b>*****105.00 *****52.50</b>	
<b>Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.</b>					
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  Peter G. Latham		DATE <b>4/21/98</b>		Daytime Telephone Number <b>407.481.5800</b>	
Typed or Printed Name of General Partner Signing Form					

CR2E003 (8/98)