

FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT
TO REVOCATION AND \$500 PENALTY FEE

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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1. Name of Limited Partnership HBR ASSOCIATES, LTD.	1a. DOCUMENT # A95000000053 98-AR CM
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Mailing Address 1800 SUMMIT TOWER BLVD., SUITE 260 ORLANDO FL 32810	Principal Office Address 1900 SUMMIT TOWER BLVD., SUITE 260 ORLANDO FL 32810	3. Date Formed or Registered 01/10/1995	5a. Capital Contributions as Shown on record. \$1,000.00
2. Mailing Address	2a. Principal Office Address	3a. Date of Last Report 01/06/1997	5b. Amount of Capital Contributions in FLORIDA to date: \$
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. State or Country of Formation FL	6. FEI Number 59-3289905 <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
City & State	City & State	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)
Zip Country	Zip Country		

9. Name and Address of Current Registered Agent LEFKOWITZ, HOWARD B 1900 SUMMIT TOWER BLVD., SUITE 260 ORLANDO FL 32810	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code
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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) L.H. DOYLE, INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 1900 SUMMIT TOWER BLV #260	11b. City, State & Zip Code ORLANDO FL 32810	11c. Registration/ Document Number P94000049817
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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 690, Florida Statutes.

SIGNATURE _____

DATE _____

Typed or Printed Name of General Partner Signing Form

Howard B. Lefkowitz

Daytime Telephone Number

(407) 667-8989

CR2E003 (6/97)