

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. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 JAN 26 AM 9:38

1. Name of Limited Partnership

1a. DOCUMENT #
A95000000370

H & S TALLAHASSEE, LTD.



001128

Mailing Address

PO BOX 1515
MOUNT DORA FL 32756-1515

Principal Office Address

25525 HWY. 46
SORRENTO FL 32776

3. Date Formed or Registered

03/09/1995

5a. Capital Contributions as Shown on record.

\$990.00

3a. Date of Last Report

02/07/1997

5b. Amount of Capital Contributions in FLORIDA to date:

0

4. State or Country of Formation

FL

2. Mailing Address

116 S. Monroe St.

2a. Principal Office Address

116 S. Monroe St.

Suite, Apt. #, etc.

300

Suite, Apt. #, etc.

300

City & State

Tallahassee, FL

City & State

Tallahassee, FL

Zip

32301

Country LEON

Zip

32301

Country LEON

6. FEI Number

59-3302899

Applied For
 Not Applicable

7. Certificate of Status Desired

\$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

CORPORATION INFORMATION SERVICES, INC.
1201 HAYS STREET
TALLAHASSEE FL 32301

10. If changed, new Registered Agent/Office

Name

Street Address (P. O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

City

FL

Zip Code

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)

H & S TALLAHASSEE, INC.

11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)

25525 STATE RD. 46

11b. City, State & Zip Code

SORRENTO FL 32776

11c. Registration/Document Number

P95000019235

100002416591 -- 1
-01/29/98--01103--015
****141.25 ****141.25

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

Thomas W. Stahl

DATE

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

850/681-6265

CR2E003 (6/97)