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

FLED

1. Notice of United Parkinsonia Parkinsoni				98 DEC 31	J PM 12: 27
### State Country ### State ### Stat	1. Name of Limited Partnership	10 DOCUMENT#			
88 NORTH BEACH STREET ORMOND BEACH FL 22174 22. Mailing Address 23. Principal Office Address 24. State or Country of Formation FL CRIDA State City & State Cit	HRI FAMILY LIMITED PARTNERS	SHIP			
TRS NORTH BEACH STREET ORMOND BEACH FL 20174 2. Mailling Address 2. Principal Office Address 3. Ruse	Mailing Address	Principal Office Address		3. Date Formed or Registered	5a. Capital Contributions as
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To Country Zip Country Zip To Country To Coun			-	6. FEI Number	Applied For
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 Street Address (R.O. Box Number is Not Acceptable) Suite, Apt. 8, etc. City FL Zip Code 10a. Pursuant to the provisions of sections 620,1051 and 620,192, Florida Statutes, the above-flighted limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered General partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its 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. In familiar Win, and accept the disposition of section 500,125, Florida Statutes. SignAtture (registered Agent Accepting Appointment) AGENERAL PARTNER THAP IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. 11. Name(s) of General Partner(s) 11a. (De NOT Use Post Office Box Numbers) 11b. City, State & 2io Code 11c. Registration/ Document Number 11b. City, State & 2io Code 11c. Registration/ Document Number Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner. 12. I do bereby cards that the information supplied with this filing is evoluntarily furnished and doles not qualify for the exemption stated in Section 11s 07(5)(4), Florida Statutes. I release the Division of					\$8.75 Additional
9. Name and Address of Current Registered Agent CARREY, HOWARD 763 NORTH BEACH STREET ORMOND BEACH FL 32174 Surest Address (P.O. Box Numbor is Not Acceptable) FL Zip Code City FL Zip Code The purpose of changing its registered agent, or both, in the State of Florida, submits this statement for the purpose of changing its 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, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of 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, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of 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, or both, in the State of Florida, Such change was authorized by its general partner(s). I hereby accept the appointment of 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, or both, in the State of Florida, Such change was authorized by its general partner authorized by its general partner. 12. I do hereby certify that the information supplied with this filing is voluntarily furnished and doss not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of	Zip Country	Zip Country		8. Make check payable to: Dept. of	
CARREY, HOWARD 763 NORTH BEACH STREET ORMOND BEACH FL 32174 10a. Pursuant to the provisions of sections \$20,1051 and \$20,192. Florids Statutos, the above-flighted timiled partnership organized or registered under the taws of the State of Florida, submits this statement for the purpose of changing its 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, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of 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 520,192, Florida Statutos. SIGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THAT'S A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. 11a. Name(s) of General Partner(s) 11a. Address of Each Office Box Numbers) 11b. City, State & Zip Code 11c. Registration/ Document Number 11b. City, State & Zip Code 11c. Registration/ Document Number Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner. 12. 1do berety certify that the information supplied with this filing is voluntarily furnished and doss not qualify for the exemption stated in Section 110.07(3)(8), Florida Statutos. I release the Division of					
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10a. Pursuant to the provisions of sections 620,192, Florida Statutes, the above-lighted limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its 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) 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) 11a. Address of Each General Partner (IDe NOT Use Post Office Box Numbers) HRI FAMILY CORPORATION 763 NORTH BEACH STREE ORMOND BEACH FL 32174 P95000023060 Note: General partners MAY NOT be changed on this form; an amendment must be filled to change a general partner. 12. Ido hereby cortify that the information supplied with this filting is voluntarily furnished and doss fort qualify for the exemption stated in Section 119.07(3)(6), Florida Statutes. I release the Division of	ORMOND BEACH FL 32174		Suite, Apt. #, etc	с.	
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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.	12. I do hereby certify that the information supplied with this Corporations from any flability of non-compliance with Se this annual report is true and accurate and that my signs	filing is voluntarily furnished and does not action 119.07(3)(k) in the event that the infeture shall have the same legal effects as if	qualify for the exen	nption stated in Section 119.07(3)(k), Florida S s deemed exempt from public access. I further	tatutes. I release the Division of certify that the information indicated on
SIGNATURE - PRES-HRI Panily CORP. DATE 12-01-98					
Typed or Printed Name of General Partner Storling Form / Howard Carrier Way Daytime Telephone Number 309-673-97//	SIGNATURE	12 204 - 1 RES-17	1-4 10000	IG COV DATE	22/78