


**FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
JAN 8
97 JAN -8 PM 4:05

1. Name of Limited Partnership HLB, LIMITED PARTNERSHIP	1a. DOCUMENT # A95000001071
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Mailing Address 13825 Osprey Links Road #254 Orlando, Florida 32837	Principal Office Address Same
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3. Date Formed or Registered 7/14/95	5a. Capital Contributions as Shown on record. \$10.00
3a. Date of Last Report 1/9/96	5b. Amount of Capital Contributions in FLORIDA to date: \$10.00
4. State or Country of Formation Florida	

2. Mailing Address	2a. Principal Office Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

6. FEI Number EIN S9-3327799	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. Certificate of Status Desired <input checked="" 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 Sten T. Sliger, Esq. Nabors, Giblin & Nickerson, P.A. 315 South Calhoun Street, Suite 800 Tallahassee, Florida 32301
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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) Laurie Ann Cairns	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 13825 Osprey Links Road #254	11b. City, State & Zip Code Orlando, FL 32837	11c. Registration/Document Number 500002056085--5 -01/14/97--01003--027 ****200.00 ****200.00
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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 620, Florida Statutes.

SIGNATURE <i>Laurie Ann Cairns</i>	DATE Dec. 30 1996
Typed or Printed Name of General Partner Signing Form Laurie Ann Cairns	Daytime Telephone Number 407-856-2468

CR2E003 (6/96)