
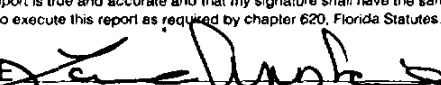


FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP  
WILL BE SUBJECT TO REVOCATION

A95000001071

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

99 AUG 10 PH 3:47

<b>LIMITED PARTNERSHIP ANNUAL REPORT 1998 - 1999</b>		 <b>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</b>	
<b>1. Name of Limited Partnership</b> HLB, Limited Partnership		<b>1a. DOCUMENT #</b> A95000001071	
<b>Mailing Address</b> 4942 Glen Castle Drive Tallahassee, FL 32308		<b>Principal Office Address</b> 4942 Glen Castle Drive Tallahassee, FL 32308	
<b>2. Mailing Address</b> Suite, Apt. #, etc. City & State Zip Country		<b>2a. Principal Office Address</b> Suite, Apt. #, etc. City & State Zip Country	
<b>3. Date Formed or Registered</b> 7/14/95		<b>5a. Capital Contributions as Shown on record</b> \$10.00	
<b>3a. Date of Last Report</b> 1/8/97		<b>5b. Amount of Capital Contributions in FLORIDA to date</b> \$10.00	
<b>4. State or Country of Formation</b> Florida		<b>6. FEI Number</b> EIN 59-3327799 <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
<b>7. Certificate of Status Desired</b> <input type="checkbox"/> \$9.75 Additional Fee Required		<b>8. Make check payable to Dept. of State (See reverse side for fee information)</b>	
<b>9. Name and Address of Current Registered Agent</b> Sten T. Sliger, Esquire Nabors, Giblin & Nickerson, P.A. 315 South Calhoun Street, Suite 800 Tallahassee, Florida 32301		<b>10. If changed, new Registered Agent/Office</b> Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code	
<b>10a.</b> 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>			
<b>11. Name(s) of General Partner(s)</b> Laurie Ann Cairns  AK - 105.00 AR - 177.50 282.50	<b>11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)</b> 4942 Glen Castle Drive  <b>THIS ANNUAL REPORT IS FOR THE YEARS 1998 &amp; 1999</b>	<b>11b. City, State &amp; Zip Code</b> Tallahassee, FL 32308  300002961719--9 -08/17/99--01030--002 ****282.50 ****282.50 MK 8/10/99	<b>11c. Registration/Document Number</b>
<b>Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.</b>			
<b>12.</b> 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 		DATE 8/10/99	
Typed or Printed Name of General Partner Signing Form Laurie Ann Cairns		Daytime Telephone Number 850-577-0090	

CR2E003 (8/98)

HLB Ltd.

A95000001071

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SECRETARY OF CORPORATIONS  
DIVISION OF CORPORATIONS  
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August 10, 1999

Mr. Buck Kohr  
Department of State  
Division of Corporations  
Tallahassee, FL

Dear Mr. Kohr:

Attached is my Limited Partnership Annual report -- 1999. I failed to receive my 1998 annual report forms or any letters pertaining to such. I have learned that my Limited Partnership was revoked in April 1998 and would like to reinstate its status.

I appreciate your consent to waive the \$500.00 per year penalty fee. Please do not hesitate to contact me if you have any further questions (850-577-0090 ext 207)

Sincerely,



Laurie Ann Cairns  
General Partner

M/K

8/10/99