## 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

DOCLIMENT #

FILED

98 DEC 31 PM 2: 22

Name of Limited Partnership	<sup>1</sup> A9500001	<sup>1</sup> A9500001726"		ARY OF STATE SSEE. FLORIDA
HKH-1 LTD.				
Mailing Address  777 SOUTH HARBOUR ISLAND BLVD. SUITE 877 TAMPA FL 33602	Principal Office Address 777 SOUTH HARBOUR ISLAND B SUITE 877 TAMPA FL 33602	777 SOUTH HARBOUR ISLAND BLVD.		5a. Capital Contributions as Shown on record. \$990.00
2. Mailing Address	2a. Principal Office Address	2a. Principal Office Address		Contributions in FLORIDA to date:
Suite, Apt. #, etc.  City & State	Suite, Apt. #, etc. City & State			Applied For Not Applicable
Zip Country	Zip	· · · · · · · · · · · · · · · · · · ·		\$8.75 Additional Fee Required State (See reverse side for fee information)
9. Name and Address of Cui	rrent Registered Agent		10. If changed, new Registered	
YERGLER, JON C LOWNDES, DROSDICK, DOSTER, KANTOR & REED 215 NORTH EOLA DR. ORLANDO FL 32801		Name  Street Address (P.O. Box Number Is Not Acceptable)  Suite, Apt. #, etc.  City ZipCode		
10a. Pursuant to the provisions of sections 620.105 for the purpose of changing its registered office agent. I am familiar with, and accept the obliga  SIGNATURE (Registered Agent Accepting Appointment)  A GENERAL PARTNER THA	e or registered agent, or both, in the State of Flodi tilons of section 620.192, Florida Statutes.	da. Such change w	as authorized by its general partner(s). I hereby	y accept the appointment of registered
MU	JST BE REGISTERED AN	DACTIVE	WITH THIS OFFICE.	Desire Section 1
11. Name(s) of General Partner(s)  HARROD PROPERTIES, INC.	11a. Address of Each Genera (Do NOT Use Post Office Bo 777 SOUTH HARBOUR IS	x Numbers)	1b. City, State & Zip Code  TAMPA FL 33602	Document Number
			200002 -01/15/ ****14	L92337 7447323   868) 808   808
Note: General partners MAY NO				
12. I do hereby certify that the information supplied wi Comporations from any liability of non-compliance this kynual report is true and accurate and that m empowered to execute this report is required by	with Section 119.07(3)(k) in the event that the inf y signature shall have the same legal effects as in chepter 629, Florida Statutes.	ormation supplied i	s deemed exempt from public access. I further I further certify that I am a General Partner of the	certify that the information indicated on

Typed or Printed Name of General Partner Signing Form