

2002 UNIFORM BUSINESS REPORT (UBR)

0019817 AB

DOCUMENT # A96000000563

1. Entity Name
HRH-1 LIMITED PARTNERSHIP

FILED
02 JUN 21 AM 9:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
**102 EAST FRONT STREET
TRAVERSE CITY MI 49684**

Mailing Address
**P.O. BOX 946
RAVERSE CITY MI 49685-0946**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip

DUE BY MAY 1, 2002

4. FEI Number **38-3293033**
Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**GRAY, DAVID L
11060 CARAVEL CIRCLE
UNIT #301
FT. MYERS FL 33908-3876**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE *[Signature]* **N/A - NO CHANGE** DATE

9. Capital Contributions as Shown on record. **\$800,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **\$800,000.00**

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION	
DOCUMENT #	S63391
NAME	THE GREAT NORTH SOUTH CORPORATION
STREET ADDRESS	123 1/2 EAST FRONT STREET
CITY-ST-ZIP	TRAVERSE CITY MI 49684
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. GENERAL PARTNER INFORMATION	
STREET ADDRESS	90068594589--1
CITY-ST-ZIP	-06/25/02--01058--009
STREET ADDRESS	***526.25 ***526.25
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CR2E003 (9/01)