

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
Sandra Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
97 JAN 24 AM 10:57



1. Name of Limited Partnership	1a. DOCUMENT # A96000001329
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HICKORY HOUSE, LTD.

Mailing Address 25151 PENNYROYAL DRIVE BONITA SPRINGS FL 33923	Principal Office Address 25151 PENNYROYAL DRIVE BONITA SPRINGS FL 33923	3. Date Formed or Registered 07/16/1996	5a. Capital Contributions as Shown on record. \$450,000.00
		3a. Date of Last Report	5b. Amount of Capital Contributions in FLORIDA to date: 450,000
		4. State or Country of Formation FL	
2. Mailing Address 4001 TAMiami Tr. North Suite 265 NAPLES FL 34103	2a. Principal Office Address 4001 TAMiami Tr North Suite 265 NAPLES FL 34103	6. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
		7. Certificate of Status Desired <input 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 ROSINUS, FRANZ J 25151 PENNYROYAL DRIVE BONITA SPRINGS FL 33923	10. If changed, new Registered Agent/Office Name RAINER N. FLEHMUT Street Address (P.O. Box Number Is Not Acceptable) 4001 TAMiami Tr. North Suite, Apt. #, etc. Suite 265 City NAPLES Zip Code FL 34103
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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) *[Signature]* DATE **1/12/96/96**

**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) HICKORY HOUSE MANAGEMENT COR	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 25151 PENNYROYAL DRIVE 4001 TAMiami Tr. North	11b. City, State & Zip Code BONITA SPRINGS FL 339 NAPLES FL 34103	11c. Registration/Document Number P96000058154
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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 *[Signature]* DATE **1-20-97**
Typed or Printed Name of General Partner Signing Form **JOCHEN BOVENKAMP** Daytime Telephone Number **(941) 643-1131**

CR2E003 (5/96)