

FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT
TO REVOCATION AND \$500 PENALTY FEE

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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1. Name of Limited Partnership HICKORY HOUSE, LTD.	1a. DOCUMENT # A96000001329 <i>98-AR CM</i>
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Mailing Address 4001 TAMiami TRAIL NORTH STE. 265 NAPLES FL 34103	Principal Office Address 4001 TAMiami TRAIL NORTH STE. 265 NAPLES FL 34103	3. Date Formed or Registered 07/16/1996	5a. Capital Contributions as Shown on record. \$450,000.00
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country	2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country	3a. Date of Last Report 01/24/1997	5b. Amount of Capital Contributions in FLORIDA to date:
		4. State or Country of Formation FL	6. FEI Number 65-0731418 <input checked="" type="checkbox"/> APPLIED FOR <input type="checkbox"/> Applied For 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 FILTHAUT, RAINER N 4001 TAMiami TRAIL NORTH STE. 265 NAPLES FL 34103	10. If changed, new Registered Agent/Office Name Euro-American Consulting, Inc. Street Address (P.O. Box Number Is Not Acceptable) 4001 Tamiami Trail 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 **9/25/97**

**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) 4001 TAMiami TRAIL NO	11b. City, State & Zip Code NAPLES FL 34103	11c. Registration/ Document Number P98000056154
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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 **10/13/97**

Typed or Printed Name of General Partner Signing Form

Jochen Bovenkamp

Daytime Telephone Number **(941) 643-1131**

CR2E003 (6/97)