

**FILE ON OR BEFORE APRIL 9, 1997 TO AVOID REVOCATION
AND \$500 PENALTY FEE**

**LIMITED PARTNERSHIP
ANNUAL REPORT
1997**



FLORIDA DEPARTMENT OF STATE
Sandra Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 MAY -1 PM 12:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1. Name of Limited Partnership	1a. DOCUMENT # A96000001987
REALTY ASSET PROPERTIES HR, LTD.	

Mailing Address 1700 PALM BEACH LAKES BLVD., SUITE 1100 WEST PALM BEACH FL 33401		Principal Office Address 1700 PALM BEACH LAKES BLVD., SUITE 1100 WEST PALM BEACH FL 33401		3. Date Formed or Registered 10/23/1996	5a. Capital Contributions as Shown on record. \$7,500.00
2. Mailing Address		2a. Principal Office Address		3a. Date of Last Report	5b. Amount of Capital Contributions in FLORIDA to date:
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. State or Country of Formation FL	
City & State		City & State		6. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip Country		Zip Country		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 CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	10. If changed, new Registered Agent/Office Name CT CORPORATION SYSTEMS Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD Suite, Apt. #, etc. City PLANTATION FL Zip Code 33324
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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) *Mary R. Adams*

DATE

**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) REALTY ASSET PROPERTIES GP,	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 1700 PALM BEACH LAKES	11b. City, State & Zip Code WEST PALM BEACH FL 33	11c. Registration/Document Number P96000043693
<p>100002167671--2 -05/06/97--01082--004 ***165.00 ***165.00</p> <p><i>dec cus 165.00</i></p>			

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

Donald H. Huth

DATE

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

CR2E003 (11/96)