FILE ON OR BEFORE APRIL 7, 1999 TO AVOID REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

1a. DOCUMENT # **A9600002171**

HASVANDO, LTD.

FILED 99 APR -1 PH 2: 30



TIAOTANDO, ETD.					
Mailing Address C/O G & K MANAGEMENT. INC.	Principal Office Address C/O G & K MANAGEME	Principal Office Address C/O G & K MANAGEMENT. INC.		5a. Capital Contributions as Shown on record	
3000 TOWN' CENTER: STE: 2090 — SOUTHFIELD MI-46075——	*3000-TOWN*CENTERSTE-2090 - SOUTHFIELD MI-48075		3a. Date of Last Report 09/08/1997	\$600,000.00 5b. Amount of Capital	
2. Mailing Address 4445 North A-1-A	2a. Principal Office Address 4445 North A		4. State or Country of Formation	Contributions in FLORICIA to date \$600,000.00	
Suite, Apt. #, etc. Suite 200 City & State	Suite, Apt. #, etc. Suite 200 City & State Vero Beach, Florida Zip Country		6. FEI Number 65-0708609	Applied For Not Applicable	
Vero Beach, Florida Zip Country			7. Certificate of Status Desired	\$8.75 Additional Fee Required	
32963 Indian River	32963 Ir	ndian River	8. Make check payable to Dept of	State (See reverse side for fee information)	
9. Name and Address of Current Registered Agent		10. If changed, new Registered Agent/Office			
MOORE, JOHN E III,ESQ 756 BEACHLAND BLVD.		Name Streel Address (P	Name Streel Address (P.O. Box Number Is Not Acceptable)		

MODIL, OTHER INCOM	
756 BEACHLAND BLVD.	Street Address (P.O. Box Number Is Not Acceptable)
VERO BEACH FL 32963	Suite, Apl. #, etc 700002837137
i e	city -04/12/93 -01245015 ****526.29 ****526.25
10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the abo	ove-named limited partnership organized or registered under the laws of the State of Florida, submits this statemen

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)

DATE

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.					
11, Name(s) of General Partner(s)	Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number		
G & K MANAGEMENT, INC.	-3000-TOWN CENTER, SUL -	- SOUTHFIELD IMI 48075-	P95000094688		
	4445 North A-1-A Suite 200	Vero Beach, FL 32963			
		St 4-7-99			

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 legislities 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 (20, Florida Statutes.)

SIGNATURE

Typed or Printed Name of General Partner Signing Form

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Daytime Telephone Number (561)231-4017

CR2E003 (12/98)