FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

FLORIDA DEPARTMENT OF STATE LIMITED PARTNERSHIP FILED Sandra B. Mortham **ANNUAL REPORT** Secretary of State 1999 99 APR - 1 PM 2: 30 DIVISION OF CORPORATIONS SCORLIANT OF STATE TALLAHASSEE, FLORIDA **DOCUMENT#** 1. Name of Limited Partnership A96000002436 HILGEMAN PROPERTIES, LTD. 3. Date Formed or Registered Mailing Address Principal Office Address Capital Contributions as Shown on record. 12/24/1996 6026 TAYLOR ROAD, UNIT NO. 2 6026 TAYLOR ROAD. UNIT NO. 2 \$877,000.00 NAPLES FL 34109 NAPLES FL 34109 3a. Dale of Lesi Report 5b. Amount of Capital Contributions in FLORIDA to date 12/26/1997 4. State or Country of Formation 2. Mailing Address 2a. Principal Office Address 437.50 FL Suite, Apt. #, etc. Suite, Apt. #, etc. 6. FEI Number Applied For **NOT APPLICABLE** Not Applicable City & State City & State 7. Certificate of Status Desired \$8.75 Additional Zio Country Country Zip 8. Make check payable to Dept of State (Sec reverse side for fee information) 9. Name and Address of Current Registered Agent 10. If changed, new Registered Agent/Office ERICKSON, WILLIAM C Street Address (P.O. Box Number Shot Appropriate 2837508--9 500 FIFTH AVENUE SOUTH, SUITE 524 04/13/99~~01017~~014~ Suite Ant # etc NAPLES FL 34102 *****88.75<u>_</u> *****88.75 City 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. 11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) Registration/ 11. City, State & Zip Code 11c. 11b. Name(s) of General Partner(s) Document Number HILGEMAN, RODERICK R 6026 TAYLOR ROAD, UNI NAPLES FL 33942 8000028**57508--79** -04/13/99--01017--015 ****437,50 ****437,50

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. N 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 | 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 mode 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. - DATE 12-31-98 SIGNATURE / C-> Daylime Telephone Number 941-566-1616 KODERICK HILGEMAN

Typed or Printed Name of General Partner Signing Form _

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