

FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP  
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1997		DIVISION OF CORPORATIONS	
1. Name of Limited Partnership <b>The Hessian Limited Partnership 97-AR CM</b>		1a. DOCUMENT # <b>A97000000362</b>	
Mailing Address <b>2156 Date Palm Road Boca Raton, FL 33432</b>		Principal Office Address <b>Same</b>	
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country		2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country	
3. Date Formed or Registered <b>December 21, 1993</b>		5a. Capital Contributions as Shown on record <b>\$1,000</b>	
3a. Date of Last Report <b>NA</b>		5b. Amount of Capital Contributions in FLORIDA to date: <b>\$1,000</b>	
4. State or Country of Formation <b>PALM BEACH</b>		6. FEI Number <b>65-0637048</b>	
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)	

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

9. Name and Address of Current Registered Agent <b>PAUL GRIFFITH GARLAND 2156 Date PALM ROAD Boca Raton, Florida 33432</b>		10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code	
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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)

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) <b>The JOAN B. GARLAND Trust</b>	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) <b>2156 Date Palm Road Boca Raton, Florida 33432</b>	11b. City, State & Zip Code	11c. Registration/ Document Number <b>GA6106000046</b>
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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.

**The JOAN B. GARLAND Trust, as General Partner**  
SIGNATURE **Joan B. Garland, trustee**

DATE

Typed or Printed Name of General Partner Signing Form

**JOAN B. GARLAND, Trustee**

Daytime Telephone Number

**(561) 392-3651**