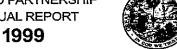
FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

a. DOCUMENT # A97000001862

98 DEC 28 AM 8: 57

SECRETARY OF STATE TALLAHASSEE, FLORIDA



MERIDIAN COMMERCIAL PROPERTIES LIMITED PARTNERSHIP							
Malling Address	Principal Office Address 7777 GLADES ROAD #201 BOCA RATON FL 33434			3. Date Formed or Registered 08/28/1997 3a. Date of Last Report 04/08/1998 4. State or Country of Formation	5a. Capital Contributions as Shown on record. \$4,000.00 5b. Amount of Capital Contributions in FLORIDA to date:		
2. Mailing Address 20500 LIVIC CENTER Suite, Apt. #, etc. SuITE 3000	2a. Principal Office Address Suite, Apt. #, etc.			FL 6. FEI Number	Applied For		
City & State SOUTHFIELD MT Zip Country 48076 USA	City & State Zip Country		-	38-3400454 7. Certificate of Status Desired 8. Make check payable to: Dept. of	\$8.75 Additional Fae Required of State (See reverse side for fee information)		<u> </u>
							7
9. Name and Address of Current Registered Agent		10. If changed, new Registered Agent/Office Name					\dashv
SCHMIER, JEFFREY L 7777 GLADES ROAD #201 BOCA RATON FL 33434				. Box Number is Not Acceptable)			
		City					
for the purpose of changing its registered office or a agent. I am familiar with, and accept the obligations SIGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THAT	egistered agent, or both, in the State of Flori of section 620.192, Florida Statutes.	da. Such chan	pe was autho	DATE.	y accept the a	ppointment of registered	
11. Name(s) of General Partner(s)	11a. Address of Each General	il Partner	11b.	City, State & Zip Code	11c.	Registration/ Document Number	
HSGS, INC.	20500 CIVIC CENTER DR		SOUTHFIELD MI 48076		P97000074863		CR2E003 (8/98)
					√99 0	8233 1007008 ****141.25	CR2
1							
Note: General partners MAY NOT	he changed on this form	n: an am	endme	nt must be filed to cha	ange a g	eneral partner.	1
12. I do hereby certify that the information supplied with the Corporations from any liability of non-compliance with this annual report is true and accurate and that my sign empowered to execute this report as required by characteristics.	his filing is voluntarily furnished and does not Section 119.07(3)(k) in the event that the in gnature shall have the same legal effects as	qualify for the	exemption si	tated in Section 119,07(3)(k), Florida S	tatutes, I relea certify that the the limited par	ase the Division of e information indicated on rtnership, receiver or trustee	
SIGNATURE		. 2		DATE	12-2	2-98	_
Typed or Printed Name of General Partner Signing Form				Daytime Telephone Number			