FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND $500 PENALTY FEE

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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LIMITED PARTNERSHIP
ANNUAL REPORT
1998

A97000002686

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
DIVISION OF CORPORATIONS

1. Name of Limited Partnership	1a. DOCUMENT #
Hickory Pointe, Ltd.	A97000002686

BK 1/2/98

Mailing Address	Principal Office Address
P.O. Box 4961 Orlando, FL 32835-4961	3200 S. Hiawassee Rd. Suite 206 Orlando, FL 32835

3. Date Formed or Registered	5a. Capital Contributions as Shown on record.
12/11/97	$50.00
3a. Date of Last Report: n/a	**5b.** Amount of Capital Contributions in FLORIDA today: $50.00
4. State or Country of Formation: Florida	

2. Mailing Address	2a. Principal Office Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

6. FEI Number — [X] Applied For [ ] Not Applicable

7. Certificate of Status Desired [ ] **$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	10. If changed, new Registered Agent/Office
B&C Corporate Services of Central Florida, Inc. P.O. Box 4961 Orlando, FL 32802-4961 390 North Orange Ave., Suite 1100 Orlando, FL 32801	Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City: FL / Zip Code

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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
Hickory Pointe, Inc.	3200 S. Hiawassee Rd. Ste. 206	Orlando, FL 32835	P97000021 81

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****156.25 ****156.25

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 _____ DATE 12/3/97

Charles S. Carlton, Vice President
Typed or Printed Name of General Partner Signing Form

407/297-1600
Daytime Telephone Number

CR2E003 (6/97)