2000	UNIFORM BUS	INESS REPO	RT	(UBF	<b>?</b> )		
DOCUMENT # A9800000012  1. Entity Name						FILLU	
HNS PROPERTIES, LTD.						SECRETARY OF STATE DIVISION OF CORPORATIONS	
Principal Place of Business Mailing Address  3450 S.E. DIXIE HIGHWAY 4605 SE WILLIAMS WAY STUART FL 34997 STUART FL 34997-6947					00 JAN 14 PM 4:58		
2. Principal Place of Business 520 S Dixie Hwy.  3. Mailing Address						DO NOT WRITE IN THIS SPACE HES	
Suite, Apt. #, etc.  STUART FL				DO NOT WRITE IN THIS SPACE . Decided to the second			
City & State City & State 3 4 9 9 4				4. FEI Number [Applied Fo 65-0804547   Not Applied			
Zip			Cour	Country		5. Certificate of Status Desired   \$8.75 Additional Fee Required	
	⇒6. Name and Address of Current	Registered Agent			. سببر	7. Name and Address of New Registered Agent	
SCANIO, PETER 3450 S.E. DIXIE HIGHWAY STUART FL 34997				Street Address (P.O. Box Number is Not Acceptable)  \$20 5. Dix is Hishwoy  STUART			
				City STUART FL Zip Code 34994			
9. Capital Contributions as Shown on record.  \$1,000.00  10. Amount of Capital Contributions in FLORIDA to date.  A GENERAL PARTNER THAT IS A BUSINESS ENTITED.							
12.	12. GENERAL PARTNER INFORMATION					ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	REGAL SYSTEMS INTERNATIONAL, INC. 3450 S.E. DIXIE HIGHWAY			EET ADDRESS - ST - ZIP		ZO S. Dixie Highway THART, FL 34994	
DOCUMENT# NAME			STR	EET ADDRESS		•	
STREET ADDRESS CITY-ST-ZIP			CITY	-ST-ZIP̈́	•	4000031039544	
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STREET ADDRESS CITY-ST-ZIP			CITY	-ST-ZIP			
DOCUMENT# NAME			STRI	EET ADORESS			
STREET ADORESS CITY-ST-ZIP	ı		CITY	-ST-ZIP			
DOCUMENT# NAME			STRI	EET ADORESS			
STREET ADORESS CITY-SI-ZIP			СПҮ	-ST-ZIP			
DOCUMENT #			STRI	ET ADDRESS			
STREET ADORESS CITY-ST-ZIP			СПУ	-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

CHARLETT DIANE M. HASKETT Jane
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

January 2 2000

Daytime Phone #