2001 U	NIFORM	BUSINESS	REPORT	(UBR)
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1. Entity Name												
	- H ASSOCIA	ATES, LTD.							FILE	:D	0	nf
Principal Place of Business Mailing Address							01	MAR 15	AN 11: 35		()	
C/O BASIC CAPITAL MANAGEMENT, INC. 10670 N. CENTRAL EXPRESSWAY, SUITE 600 DALLAS TX 75231			O O DAGIO CARITAL MANACENERIT INC			SE ȚAL	CRETARY O	FSTATE , FLORIDA				
Principal Place of Business 3. Mailing Address							_			UJU (6101 1311) 04113 FD11	i ba ah ba hk ba kk	. DENIB HANAD HEALE BIAN (BEAL
1800 Valley View Lane 1800 Valley					Viev	v La ge			DO NOT WRIT	E IN THIS SO	w.ce	
Suite, Apt. #, etc. Suite, Apt.					Apr. #, etc.					DO NOT WHIT	E 114 11 113 31 .	
City & State	as, TX		City & State Dallas,			TX		4, FEI Number	75-2759741		Applied For Not Applicable	
Zip		Country	Zi	D		Coun	try		5. Certificate of	of Status Desired		8.75 Additional ee Required
	6. Name	and Address of Current	<u>l</u> Registe	red Agent		<u> </u>			7. Name and	Address of New R		<u> </u>
	*	··· • 1= 21 • • •		******	- ,		Name		*** * * * *			-
C T CORP	ORATION S	SYSTEM					Street Ad	dress (P.O. Box Number	is Not Acceptable)	
		LAND ROAD									-:	
PLANTATI(ON FL 3332	24										Tip Code
							City				FL	Zip Code
8. The above	named entit	y submits this statement fo	the pu	rpose of chan	ging its	registere	ed office or r	egister	ed agent, or both	ı, in the State of Flo	rida.	
SIGNATURE .	Signature, typed	or printed name of registered agent a	ınd title if a	pplicable.	(NOTI	E: Registere	d Agent signatur	e required	when reinstating)		DATÉ	
9. Capital Co		\$990.00		10. Amount of			outions	\$9	90.00			O DEPT. OF STATE FEE INFORMATION
as Shown o	Λ.	GENERAL PARTNERT	HAT IS	A RUSINE	SS EN	TITY M	UST BE R	EGIST	TERED AND A	CTIVE WITH THI	S OFFICE.	
	NOTE	: General Partners MA	у иот	be change	d on ti	ne form	; an amer	dmen	t must be filed	to change a ge	neral partn	
12. GENERAL PARTNER INFORMATION DOCUMENT # F98000002299					13.	T	ADDRESS CHANGES ONLY					
NAME	ART FLORIDA PARTNERS II, INC. 10670 N CENTRAL EXPRESSWAY, SUITE 600				STRE	ET ADDRESS		1800 Val	ley View L	ane	<u></u>	
					CITY-		-ST-ZIP		Dallas,			
DOCUMENT # NAME					STRE	ET ADDRESS		ات. 	00003 -03/20	\/0101	1041001 ****141.25 **	
STREET ADDRESS CITY-ST-ZIP	ss					CITY	-ST-ZIP			*****1	41.60	*****171.60 %
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DOCUMENT # NAME						STR	EET ADDRESS					
STREET ADDRESS CITY-ST-ZIP	<u> </u>						'-ST-ZIP					
14. I hereby of indicated the received	certify that the lon this repo ver or trustee	ne information supplied with ort is true and accurate and e empowered to execute th	this filir that my s report	ng does not que signature shattas required b	ualify fo all have by Chap hert	r the exe the sam ter 620, Δ ι	emption state e legal effec Florida State Na 1 dma r	ed in Se t as if r utes	ection 119.07(3)(i nade under oath; ecretary), Florida Statutes. that I am a Genera	I further certif al Partner of th	y that the information ne limited partnership or

2/27/01

469-522-42000

Daytime Phone #