

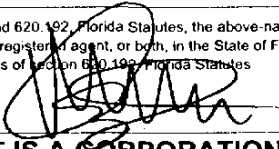
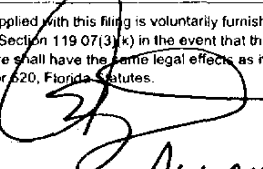


FILE ON OR BEFORE APRIL 7, 1999 TO AVOID
REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED 99 FEB 26 AM 9:49 SECRETARY OF STATE	
1. Name of Limited Partnership HCA AUBURNDAL, LTD.		1a. DOCUMENT # A98000002659			
Mailing Address C/O PARKER, 1140 ALLSTATE PKWY. STE. 502 MARKHAM, ONTARIO CANADA L3R5Y8 OC		Principal Office Address 705 WEST AZEELE STREET TAMPA FL 33606		3. Date Formed or Registered 12/03/1998 3a. Date of Last Report	
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country		2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country		4. State or Country of Formation FL 5a. Capital Contributions as Shown on record \$425,000.00 5b. Amount of Capital Contributions in FLORIDA to date 425,000	
				6. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				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)	
9. Name and Address of Current Registered Agent COHN, VANESSA N 705 WEST AZEELE STREET TAMPA FL 33606				10. If changed, new Registered Agent/Office 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) HAYMOR HOLDINGS, INC.		11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 140 ALLSTATE PARKWAY,		11b. City, State & Zip Code MARKHAM, ONT., CANADA 300002784963-3 -03/04/93--01030-004 ****526.25 ****526.25 3-3-99	
				11c. Registration/ Document Number P98000039601	
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 Feb 8/99 Typed or Printed Name of General Partner Signing Form ALLAN GARBER Daytime Telephone Number 905/415-0404					

CR2E003 (12/98)