

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

LIMITED PARTNERSHIP
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 FEB 15 AM 3:14

1. Name of Limited Partnership HSS Properties, Ltd.		1a. DOCUMENT # A98000002664 <i>99-AR CM</i>	
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country		2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country	
Mailing Address 222 W. Comstock Ave. #210 Winter Park, FL 32789		Principal Office Address 222 W. Comstock Ave. #210 Winter Park, FL 32789	
3. Date Formed or Registered 12/3/98		5a. Capital Contributions as Shown on record 990.00	
3a. Date of Last Report N/A		5b. Amount of Capital Contributions in FLORIDA to date 990.00	
4. State or Country of Formation FL		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 James R. McClellan 1655 E. Semoran Blvd. #29 Apopka, FL 32703		10. If changed, new Registered Agent/Office Name PAUL L. HAIRE Street Address (P.O. Box Number Is Not Acceptable) 2457 SILVER STAR RD. Suite, Apt. #, etc. City ORLANDO Zip Code FL 32804	
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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) Paul L. Haire DATE 2/10/99

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
HSS Properties, Inc.	222 W. Comstock Ave. Suite 210	Winter Park, FL 32789	P98000090196 5000002787565--2 -02/25/99--01076--005 ****141.25 ****141.25

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 Paul L. Haire DATE 12/28/98
Typed or Printed Name of General Partner Signing Form Paul Haire Daytime Telephone Number 407-296-2911

CR2E003 (8/98)