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

LIMITED PARTNERSHIP **ANNUAL REPORT** 1998



HENDRICK MANAGEMENT COMPANY LIMITED PARTNERSHIP

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

DOCUMENT# B9300000055

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

97 DEC 18 PM 1: 20



| | | | | (A) 17/22 | | |
|---|--|---|------------------------------|--|--|--|
| Mailing Address | Principal Office Address | | | 3. Date Formed or Registered | 58. Capital Contributions as Shown on record. | |
| 6000 MONROE ROAD, SUITE 100 | 6000 MONROE ROAD, SUITE 100 CHARLOTTE NC 28212 | | | 03/09/1993 | \$1,000.00 | |
| CHARLOTTE NC 28212 | | | | 3a. Date of Last Report | | |
| | | | | 12/20/1996 | 5b. Amount of Capital Contributions in Ft OR:DA to date: | |
| 2. Malling Address | 2a. Principal Office Address | | | 4. State or Country of Formation | NONE | |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | | | 6. FH Number 56-1804251 | Applied For | |
| City & State | City & State | | | 7. Certificate of Status Desired | Not Applicable \$8.75 Add tional | |
| Zip Country | Z(p Country | | | Fee Required Nake check payable to: Dept. of State (See reverse side for fee information) | | |
| 9, Name and Address of Current I | | | | 10. If changed, new Rogistered Agent/Office | | |
| THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS ST. SUITE 105 TALLAHASSEE FL 32301 | | Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. | | | | |
| | | City FL 7ip Code | | | | |
| 10a. Pursuant to the provisions of sections 620 1051 and for the purpose of changing its registered office or reagent. I am familiar with, and accord the obligations | egistered agent or both, in the State of Flori | d limited partn ida. Such chai | ership organ igo was auth | ized or registered under the laws of the orized by its general partner(s). I here | e State of Florida, submits this statement oby accept the appointment of registered | |
| SIGNATURE (Registered Agent Accepting Appointment) | | | | DATE. | - | |
| A GENERAL PARTNER THAT I | IS A CORPORATION, L `BE REGISTERED ANI | IMITED D ACTIV | PARTI F WIT | NERSHIP OR OTHE H THIS OFFICE. | R BUSINESS ENTITY | |
| 11. Name(s) of General Partner(s) | Address of Each General Partner (No NOT Use Post Office Box Numbers) | | 11b. | City, State & Zip Code | 11c. Registration/ Document Number | |
| HENDRICK MANAGEMENT CORPORAT | 6000 MONROE ROAD, SUI | | CHARLOTTE NC 28212 | | P14527 | |
| | | | | 800002380448 9 -12/23/9701055016 ****156.25 ****156.25 | | |
| Note: General partners MAY NOT | be changed on this form | : an am | endmer | nt must be filed to cha | ange 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 Trelease the Division of

Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is decried exempt from public access. I further certify that the information indicated on this annual roport is true and accurate and that my signature shall have the same logal effects as if made under eath. I further certify that I am a General Partner of the limited partnership, receiver or trustee

SIGNATURE .

Typed or Printed Name of General Partner Signing Form

W.O. MUSGRAVE

empowered to exocute this report as required by chapter 620, Florida Statutes.

12/12/97

(704) 568-5550 Daytime Telephone Number .