

**FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra Mortham Secretary of State DIVISION OF CORPORATIONS
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**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

96 DEC 23 AM 8:49

mtm
12/30

1. Name of Limited Partnership HIDDEN BAY GARDENS ASSOCIATES, L.P., LTD.	1a. DOCUMENT # B94000000484
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Mailing Address P.O. BOX 2680 NORFOLK VA 23501	Principal Office Address 500 EAST MAIN STREET, SUITE 820 NORFOLK VA 23510
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country	2a. Principal Office Address 555 E. Main St. 17th Floor Norfolk VA 23510

3. Date Formed or Registered 12/06/1994	5a. Capital Contributions as Shown on record. \$525,000.00
3a. Date of Last Report 12/12/1995	5b. Amount of Capital Contributions in FLORIDA to date
4. State or Country of Formation VA	6. FEI Number 54-1738772
7. Certificate of Status Desired	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
8. Make check payable to: Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent STONEBURNER, GRESHAM 50 NORTH LAURA STREET, SUITE 3550 JACKSONVILLE FL 23510

10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code
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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) _____ 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) HBGA, INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 500 EAST MAIN STREET,	11b. City, State & Zip Code NORFOLK VA 23510	11c. Registration/Document Number F94000006208
900002042139--3 -12/31/96--01056--005 *****576.25 *****576.25			

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 <i>E.R. Childers</i> Typed or Printed Name of General Partner Signing Form E.R. Childers, Secretary HBGA, Inc.	DATE <i>12-2-96</i> Telephone Number <i>(757) 640-0800</i>
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