


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

LIMITED PARTNERSHIP ANNUAL REPORT 1998			FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
1. Name of Limited Partnership		1a. DOCUMENT # B94000000484		
HIDDEN BAY GARDENS ASSOCIATES, L.P., LTD.				
Mailing Address 555 E. MAIN ST., 17TH FL NORFOLK VA 23510		Principal Office Address 500 EAST MAIN STREET, SUITE 820 <u>555 E. Main St. 17th Fl</u> NORFOLK VA 23510		3. Date Formed or Registered 12/06/1994
2. Mailing Address		2a. Principal Office Address		3a. Date of Last Report 12/23/1996
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. State or Country of Formation VA
City & State		City & State Norfolk VA		6. FEI Number 54-1738772
Zip		Zip 23510		7. Certificate of Status Desired <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Country		Country		8. Make check payable to: Dept. of State (See reverse side for fee information)
				5a. Capital Contributions as Shown on record. \$525,000.00
				5b. Amount of Capital Contributions in FL OFRDA to date.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 DEC 17 AM 11:34



9. Name and Address of Current Registered Agent		10. Registered Agent's Office	
STONEBURNER, GRESHAM 50 NORTH LAURA STREET, SUITE 3550 JACKSONVILLE FL 32510		Name -12/23/97-01037-009 Street Address (P.O. Box Number Is Not Acceptable) ****541.25 ****541.25 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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration Document Number
HBGA, INC.	500 EAST MAIN STREET, 555 East Main St. 17th Floor	NORFOLK VA 23510	F94000006208 12-19

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

Typed or Printed Name of General Partner Signing Form

R.R. Childers, Secretary, HBGA Inc.

DATE

Daytime Telephone Number

12-9-97
(757) 640-0800

CR2E003 (5/97)