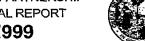
## FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

## LIMITED PARTNERSHIP ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

SECRETARY OF STATE
DIVISION OF CORPORATIONS

1999	DIVISION OF CO	PORATION	1S 00 DTC 00	- and ottwittons
1. Name of Limited Partnership	1a. DOCUMI B96000000	ENT# 148	98 DEC 30	Ph 3: 39
HBC/JPI DEER CREEK, LTD.			41/100	
Mailing Address	Principal Office Address		3. Date Formed or Registered	5a. Capital Contributions as Shown on record.
6 <del>00 EAST LAS COLINAS BLVD. SUITE 160</del> 0 IRVING TX 75039	600 EAST LAS COLINAS BLVD. SIRVING TX 75039	<del>UITE-100</del> 0	04/30/1996 3a. Date of Last Report	\$15,000,000.00
			01/16/1998  4. State or Country of Formation	5b. Amount of Capital Contributions in FLORIDA to date:
2. Mailing Address CO PRITZKER REALTH 200 WEST MADISON	2a. Principal Office Address SAME AS MAILING		TX	13.487.947
Suite, Apt. #, etc. <i>SUITE</i> 3700  City & State	Suite, Apt. #, etc.		6. FEI Number 75-2647254	Applied For Not Applicable
CHICAGO 14	<u> </u>	Country	7. Certificate of Status Desired	\$8.75 Additional Fee Required
Zip Country 60606 USA	Zip	Country	8. Make check payable to: Dept. of S	State (See reverse side for fee information)
9 Name and Address of Current F	tegistered Agent		10, If changed, new Registered	Agent/Office
<b>.</b>		Name		
CORPORATION SERVICE COMPANY		Street Addres	ss (P.O. Box Number Is Not Acceptable)	
1201 HAYS STREET			) , , , , , , , , , , , , , , , , , , ,	
TALLAHASSEE FL 32301		Suite, Apt. #,	, etc.	
		City		FL Zip Code
10a. Pursuant to the provisions of sections 620.1051 and for the purpose of changing its registered office or regagent. I am familiar with, and accept the obligations of	istered agent, or both, in the State of Florid			State of Florida, submits this statement
SIGNATURE (Registered Agent Accepting Appointment)			DATE	
A GENERAL PARTNER THAT I MUST	BE REGISTERED AN	D ACTIV	PARTNERSHIP OR OTHE E WITH THIS OFFICE.	
11. Name(s) of General Partner(s)	11a. (Do NOT Use Post Office Bo	x Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
CARMIL CAPITAL CORPORATION	600 E. LAS COLINAS BL		IRVING TX 75039	F93000001072 G95348900023
HBC ASSOCIATES	200 W. MADISON, 3800	]	CHICAGO IL 60606	G95348900023
			700002 -01/21	7497372 /9901070015 26.25 ****526.25
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		.,	<b>₹</b> ₹ <b>₹</b> ⊅;	20,23 *****020,23
Note: General partners MAY NOT	be changed on this form	ı; an ame	endment must be filed to cha	inge a general partner.
12. I do hereby certify that the information supplied with this Corporations from any liability of non-compliance with S	filing is voluntarily furnished and does not	qualify for the ex	xemption stated in Section 119.07(3)(k), Florida S	tatutes, I release the Division of
this annual report is true and accurate and that my sign				

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

Typed or Printed Name of General Partner Signing Form

920-2450