2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By September 8, 2004

	DOCUMENT # B9800000693 1. Entity Name HLC KISSIMMEE PROPERTIES, L.P.						OL MAY 14 PM 1: 28 SECRETARY OF STATE TALLAHASSEE, FLORIDA				
	Principal Place of Business 7080 ABERCORN STREET SAVANNAH, GA 31406			Mailing Address P.O. BOX 13069 SAVANNAH, GA 31416		TALLAHASS	BEE, FLORII	ÖA			
-	2. Principal Place of Business			3. Mailing Address							
	Suite, Apt. #, etc.			Suite, Apt. #, etc.			05062004 Chg-LP CR2E003 (10/03)			0/03)	
	City & State			City & State	City & State		4. FEI Number 58-2427638			Applied For Not Applicable	
	Zip Country		Zip	Zip Counti		5. Certificate of Status Desire		\$8.75 Additional Fee Required			
	6. Name and Address of Current Registered Agen					•	7 Name and Addres	s of New Regis		•	
	C T CORPORATION SYSTEM					Name					
	1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324					Street Address (P.O. Box Number is Not	Acceptable)			
	4										
		a					FL Zip Code				
	8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. DATE										
-	9. Capital Contributions \$100,000 00 10. Amount of Capital Contributions						lr tr			193(2)(b), F.S., not receive the	
	20 010/11/01/10/01/01							rior notice.	-		
	A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner. 12. GENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY										
	12. GENERAL PARTNER INFORMATION DOCUMENT / F98000006674						AD	DRESS CHANGE	-S UNLY		
	NAME STREET ADDRESS	1	SIMMEE PARTNERS,	INC.	518	REET ADDRESS					
STAPLE CHECK HERE	. CITY-ST-ZIP		ERCORN STREET IAH, GA 31406		CIT	Y-ST-ZIP					
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	STREET ADORESS City-St-Zip					Y-ST-ZIP					
!	14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Date Date Day Day Day Day Day Day Day Da									-312 ·4483	
		<i>V</i>	CHARLES !	7. ALMONE,	SEC. O	F 600. P	TIL.				

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