
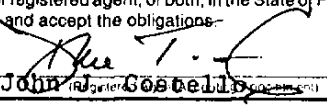
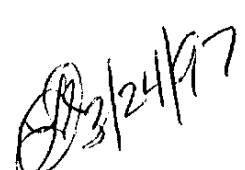
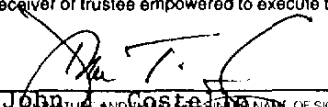


FILE NOW: Fee after May 1, will be \$588.75

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
FILING FEE \$ 203.75		Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company		DOCUMENT #L96000001338			
HBH ASSOCIATES, L.C. 2 VIA TIVOLI PALM BEACH GARDENS FL 33418		1a. Principal Place of Business Address 2 VIA TIVOLI PALM BEACH GARDENS FL 33418			
If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.					
2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		12/26/1996	
City & State		City & State		4. FEI Number	
Zip		Country		65-0717191	
				5. Date of Last Report New L.C. (12/26/96)	
				6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>	
7. Name and Address of Current Registered Agent			8. Name and Address of New Registered Agent		
COSTELLO, JOHN J 2 VIA TIVOLI PALM BEACH GARDENS FL 33418			Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code		
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company 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 affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.					
SIGNATURE  John J. Costello (Registered Agent)			DATE 3/18/97		
(NOTE: Registered Agent signature required when reinstating)					
10. Title		Managing Members/Managers		Business Street Address	
MGR		COSTELLO, JOHN J		2 VIA TIVOLI	
				PALM BEACH GARDENS FL	
				8000002125208-1 -03/26/97-01125-009 ***203.75 ***203.75	
					
11. I do hereby 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 annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.					
SIGNATURE: 		3/18/97		315/474-6448	
JOHN J. COSTELLO		Date		Daytime Phone #	