

**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

SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 DEC 18 AM 11:18



1. Name of Limited Partnership
1a. DOCUMENT #
A09839

SKYCENTER HOTEL COMPANY, LTD.

2. Mailing Address
551 FIFTH AVENUE, SUITE 1916
NEW YORK NY 10176

2a. Principal Office Address
551 FIFTH AVENUE, SUITE 1916
NEW YORK NY 10176

Suite, Apt. #, etc.
City & State
Zip Country

3. Date Formed or Registered
01/21/1981

3a. Date of Last Report
08/29/1995

4. State or Country of Formation
FL

5a. Capital Contributions as Shown on record
\$1,354,157.10

5b. Amount of Capital Contributions in FLORIDA to date

6. FEI Number: **58-1434245**
 Applied For
 Not Applicable

7. Certificate of Status Desired **\$8.75 Additional Fee Required**

8. Make check payable to Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent
KIRSCHNER, MAIN, ET AL
ONE INDEPENDENT DRIVE, SUITE 2000
JACKSONVILLE FL 32202

10. If changed, new Registered Agent/Office

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, etc.
City, State, Zip Code
FL

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
PIROVANO, JOHN	551 FIFTH AVENUE SUI	NEW YORK NY	700002039367--7 -12/27/96--01060--007 ****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

DATE

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

John Pirovano
JOHN PIROVANO

12/12/96
212-370-0202

CR2E003 (6/96)