

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 JAN -6 AM 9:08

under
1/14

1. Name of Limited Partnership

1a. DOCUMENT #
A23917

COURTYARD BY MARRIOTT LIMITED PARTNERSHIP



Mailing Address

10400 FERNWOOD ROAD
DEPT 72/862
BETHESDA MD 20817

Principal Office Address

10400 FERNWOOD ROAD
DEPT 72/862
BETHESDA MD 20817

3. Date Formed or Registered

12/23/1986

5a. Capital Contributions as
Shown on record.

\$0.00

3a. Date of Last Report

12/15/1995

5b. Amount of Capital
Contributions in FLORIDA
to date:

-0-

4. State or Country of Formation

DE

2. Mailing Address

10400 Fernwood Road

2a. Principal Office Address

10400 Fernwood Road

Suite, Apt. #, etc.

Dept. 862

Suite, Apt. #, etc.

Dept. 862

City & State

Bethesda, Maryland

City & State

Bethesda, Maryland

Zip

Country

20817-1109

Zip

Country

20817-1109

6. FEI Number

52-1468081

☐ 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

PRENTICE-HALL CORPORATION SYSTEM, INC.

~~1201 HAYS ST~~

~~SUITE 105~~

TALLAHASSEE FL 32301

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number is Not Acceptable)

110 North Magnolia Street

Suite, Apt. #, etc.

City

Tallahassee

FL

Zip Code
32301

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)

CBM ONE CORPORATION

11a. Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

10400 FERNWOOD ROAD

11b. City, State & Zip Code

BETHESDA MD

11c. Registration/
Document Number

P11087

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-01/15/97--01044--021
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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

Susan E. Wallace

DATE

DEC 18 1997

Typed or Printed Name of General Partner Signing Form

Susan E. Wallace, Asst. Secretary

Daytime Telephone Number

(301) 380-5168