## FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

**LIMITED PARTNERSHIP ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

97 OCT -R AM 9: 16

	1a. DOCUMENT # <b>A26920</b>	4 184444 1010 14848 0148 4044		
CONVENTION HOTEL PAR	TNERS, LTD.	1 1001011 1810 1814 81119 18118	1804 507 918 018 018 018 518 018 018 018 018 018 018 018 018 018 0	
Malling Address	Principal Office Address	3. Date Formed or Registered	5a. Capital Contributions as Shown on record	
9840 INTERNATIONAL DRIVE ORLANDO FL 32819	7600 INTERNATIONAL DRIVE ORLANDO FL 32819	08/19/1988 3a. Date of Last Report	\$12,500,000.00	
		12/31/1996	5b. Amount of Capital Contributions in FLORIDA	
2. Mailing Address	2a. Principal Office Address	4. State or Country of Formation	12,500,000	
Sulte, Apt. #, etc.	Suite, Apt. #, etc.	6. FEI Number 59-2950418	Applied For Not Applicable	
City & State	City & State	7. Certificate of Status Desired	\$8.75 Additional Fee Required	
Zip Country	Zip Country	8. Make check payable to: Dept. of	State (See reverse side for fee information	
9. Name and Address of C	eurrent Registered Agent	10. If changed, new Registere	d Agent/Office	
7600 INTERNATIONAL DRIVE ORLANDO FL 32819  10a. Pursuant to the provisions of sections 620.10	Sulte, Apt.  City  251 and 620 192, Florida Statutes, the above-named limited partr		FL Zip Code	
	fice or registered agent, or both, in the State of Florida. Such cha			
A GENERAL PARTNER TH	IAT IS A CORPORATION, LIMITED	DATE  PARTNERSHIP OR OTHE  VE WITH THIS OFFICE.		
SIGNATURE (Registered Agent Accepting Appointme A GENERAL PARTNER TH M  11. Name(s) of General Partner(s)	IAT IS A CORPORATION, LIMITED	PARTNERSHIP OR OTHE		

this annual report is such and accurate and that my signature shall have the sempowered to execute this report as required by chapter 620, florida Statut ame legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee

SIGNATURE \_\_\_\_

Typed or Printed Name of General Partner Signing Form

Harris Rosen

Daytime Telephone Number

(407)351-1600