

FILE ON OR BEFORE DECEMBER 31, 1997 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

96 DEC 31 PM 3:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

1. Name of Limited Partnership
 Hotel Edison, Ltd.

1a. DOCUMENT #
 A96000001643

Mailing Address: 900 Bay Drive
Suite 2-9
Miami Beach, Florida 33141

Principal Office Address

2. New Mailing Address, If Applicable
 Suite, Apt. #, etc. 7950 N.E. Bay Shore Ct.
 City, State & Zip Miami, FL 33138

2a. New Principal Office Address, If Applicable
 Suite, Apt. #, etc.

City, State & Zip

3. Date Formed or Registered to Do Business in FLORIDA September 5, 1996

3a. Date of Last Report

4. State or Country of Formation Florida

5a. Capital Contributions as Shown on Record 100.00

5b. Amount of Capital Contributions in FLORIDA to date 100.00

6. FEI Number Applied For

Applied For
 Not Applicable

7. CERTIFICATE OF STATUS REQUIRED

8. FEES: 1.) Filing Fee: Computed at a rate of \$7 per \$1,000 on amount entered in 5b or 5a if 5b blank, with a minimum filing fee of \$52.50 and a maximum of \$437.50
 2.) Supplemental Fee: \$138.75 (pursuant to section 607.193, F.S.)
 THE AMOUNT DUE SHALL BE NO LESS THAN \$191.25 (\$52.50 + \$138.75) AND NO MORE THAN \$576.25 (\$437.50 + \$138.75)
 Note: If the amount entered in 5b is greater than amount entered in 5a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.
 MAKE CHECK PAYABLE TO FLORIDA DEPT. OF STATE

9. Name and Address of Current Registered Agent
 Theodore J. Klein
 16855 N.E. 2nd Ave.
 Suite 301
 North Miami Beach, Florida 33162

10. If changed, new Registered Agent/Office
 Name
 Street Address (P.O. Box Number Is Not Acceptable)
 Suite, Apt. #, etc.
 City FL Zip Code

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) Edison Hotel Management, Inc.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 7950 N.E. Bay Shore Ct. Miami, Florida 33138	11b. City, State & Zip Code 500002054145--9 -01/10/97--01072--009 ****191.25 ****191.25	11c. Registration/Document Number 996000073452
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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 [Signature] DATE 12/30/96
 Typed or Printed Name of General Partner Signing Form By: Steven Levinson, Vice-President Telephone Number C/O Klein (305) 770-0370

CR2E003 (6/95)