

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

SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 DEC 17 AM 11:33



1. Name of Limited Partnership	1a. DOCUMENT # A96000001643
HOTEL EDISON, LTD.	

Mailing Address 7850 NE BAY SHORE CT MIAMI FL 33138	Principal Office Address 7850 NE BAY SHORE CT MIAMI FL 33138	3. Date Formed or Registered 09/05/1996	5a. Capital Contributions as Shown on record. \$100.00
2. Mailing Address Suite, Apt. #, etc.	2a. Principal Office Address Suite, Apt. #, etc.	3a. Date of Last Report 12/31/1996	
City & State	City & State	4. State or Country of Formation FL	5b. Amount of Capital Contributions in FL ORIDA to date:
Zip Country	Zip Country	6. FEI Number 65-0776812 <input type="checkbox"/> Applied For APPLIED FOR <input type="checkbox"/> Not Applicable	
		7. Certificate of Status Desired <input type="checkbox"/> \$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 KLEIN, THEODORE J 16855 N.E. 2ND AVENUE, SUITE 301 NORTH MIAMI BEACH FL 33162	10. If changed, new Registered Agent/Office Name 900002380819-0 Street Address (P.O. Box Number Is Not Acceptable) -12/23/97-01072-006 ****156.25 ****156.25 Suite, Apt. #, etc. City FL Zip Code
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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 NE BAY SHORE CT	11b. City, State & Zip Code MIAMI FL 33138	11c. Registration/ Document Number P96000073452
			<i>OK</i> <i>12-19</i>

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 **12/12/97**

Typed or Printed Name of General Partner Signing Form _____

Daytime Telephone Number _____

CR25003 (6/97)