

**FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILED
 JUN 19 1998
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



1. Name of Limited Partnership HOTEL EDISON, LTD.	1a. DOCUMENT # A96000001643
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Mailing Address 7950 NE BAY SHORE CT MIAMI FL 33138	Principal Office Address 7950 NE BAY SHORE CT MIAMI FL 33138
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3. Date Formed or Registered 09/05/1996
3a. Date of Last Report 12/17/1997
4. State or Country of Formation FL
6. FEI Number 65-0776812
7. Certificate of Status Desired <input type="checkbox"/> \$8.75 All Inland Fee Required
8. Make check payable to Dept. of State (See reverse side for information)

5a. Capital Contributions as Shown on record \$100.00
5b. Amount of Capital Contributions in FLORIDA to date 100.00
<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable

2. Mailing Address 900 Bay Drive Suite, Apt #, etc. L-9 City & State Miami Beach FL Zip 33141	2a. Principal Office Address Suite, Apt #, etc. City & State Zip Country USA
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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 STEVEN Z LEVINSON Street Address (P.O. Box Number Is Not Acceptable) 900 Bay Dr Suite, Apt #, etc. L-9 City MIAMI BEACH FL Zip Code 33141

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) *[Signature]* DATE 12/31/98

**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
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RECEIVED
 02/03/99 0102-001
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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 included 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, partner or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE <i>[Signature]</i> Typed or Printed Name of General Partner Signing Form ZVI LEVINSON	DATE 12/21/98 Daytime Telephone Number 305.757.5722
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CR2E003 (8/98)