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

LIMITED PARTNERSHIP
ANNUAL REPORT
1999



empowered to execute this report as required by chapter 620. Florida Statutes.

SIGNATURE [

Typed or Printed Name of General Partner Signing Form

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT #

SECRETARY OF STATE DIVISION OF CORPORATIONS

99 MAR 18 AM 8:51

DATE 1-20-99

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SARASOTA PRIME HOTELS,				
Mailing Address Land Lease Rew Estate C/O ERE-YARMOUTH- Threatments, The 3424 PEACHTREE ROAD. N.E., SUITE 800 ATLANTA GA 30326  Principal Office Address Lend Lease Rew Len		ents, Inc.	3. Date Formed or Registered 07/11/1997 3a. Date of Last Report 02/09/1998	5a. Capital Contributions as Shown on record \$29,164,609.14
2. Mailing Address	2a. Principal Office Address		4. State or Country of Formation	5b. Amount of Capital Contributions in FLORIDA to date: 36,911,383,30
Suite, Apt. #, etc.	Suite, Apt. #, etc. City & State		6. FEI Number 58-2330534	Applied For Not Applicable
Zip Country	Zip Country		7. Certificate of Status Desired	\$8.75 Additional Fee Required
9. Name and Address of Curre	ent Registered Agent		10. If changed, new Registers	17-45260
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		Name  Street Address (P.O. Box Number Is Not Acceptable)  Suite, Apt. #, etc  City  FL  Ze Code		
agent. I am familiar with, and accept the obligation  SIGNATURE (Registered Agent Accepting Appointment)  A GENERAL PARTNER THA	or registered agent, or both, in the State of Florida Sons of section 620.192, Florida Statutes	Such change was auth	norized by its general partner(s). I here  DATE  TNERSHIP OR OTHE	ne State of Florida, submits this Blatement by accept the appointment of registered
11. Name(s) of General Partner(s)	11a. Address of Each General Par (Do NOT Use Post Office Box No.	tner 446	City, State & Zip Code	11c. Registration/ Document Number
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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

Thomas A. McKean, VP/Secretary Daytime Telephone Number 404-848-8600