

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
98 JAN 20 PM 2:02

1. Name of Limited Partnership
PINES HOTEL GROUP, LTD.

1a. DOCUMENT #
A97 000002316

1-20

Mailing Address Principal Office Address

3. Date Formed or Registered **10/27/97**

3a. Date of Last Report
This is a first

4. State or Country of Formation
USA

5a. Capital Contributions as Shown on record.
\$ 1,800,000

5b. Amount of Capital Contributions in FLORIDA to date.
\$ 180,000

6. FEI Number **65-0794455** Applied For Not Applicable

7. Certificate of Status Desired **\$8.75** Additional Fee Required

8. Make check payable to: Dept. of State (See reverse side for fee information)

2. Mailing Address
2800 S.W. 28th Terrace

2a. Principal Office Address
(same)

Suite, Apt. #, etc.

City & State
Coconut Grove, FL

Zip Country
33133 U.S.A.

9. Name and Address of Current Registered Agent

Mark R. Starkman
1500 San Remo Avenue, Suite 125
Coral Gables, FL 33146

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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
Hospitality Operations, Inc.	2800 S.W. 28 Terrace	Miami, FL 33133	218831
			100002409451--7 -01/22/98--01121--002 ***541.25 ***541.25
			KWM

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

Bernard Wolfson

DATE

12-5-97

Typed or Printed Name of General Partner Signing Form

BERNARD WOLFSON

Daytime Telephone Number

(305) 461-4453

CR2E003 (6/97)