## FILE ON OR BEFORE APRIL 7, 1999 TO AVOID **REVOCATION AND \$500 PENALTY FEE**

## LIMITED PARTNERSHIP **ANNUAL REPORT** 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

99 FEB 15 PH 2: 40 Ha. Allender A. Al

FILED

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1. Name of Limited Partnership	Name of Limited Partnership 1a. DOCUMENT # A9800002029				T IN BOTH IT THE PRINT FROM RAILY PROMICE AND RAILY BRIDE THRU THRU THRU THRU THRU THRU THRU THRU			
GREEN DADELAND HOTEL, LTD.				-				
Malling Address	Principal Office Address		3. Date Formed or Registered	5a. Capital Contributions as		٦		
7700 NORTH KENDALL DRIVE. SUITE 200	7700 NORTH KENDALL DRIVE. SUITE 200 MIAMI FL 33156		08/31/1998	\$500,000.00				
MIAMI FL 33156			3a. Date of Lest Report					
				5b.		D. Amount of Capital Contributions in FLORIDA		
2. Mailing Address	2a. Principal Office Address		4. State or Country of Formation	to date				
Suite Ant # etc	Suite, Apt. #, etc.		FL	$\int \alpha$	0,000.00			
Suite, Apt. #, etc.	Soile, Apr. W. etc.		6. FEI Number 59-35334	87 Applied For Not Applicable				
City & State	City & State			7. Certificate of Status Desired	<u> </u>	\$8,75 Additional	$\dashv$	
Zip Country	Zip Country			8 Make check payable to Depl. of	State (Sec re	Fee Required	n)	
							-	
9, Name and Address of Current Registered Agent			10. If changed, now Registered Agent/Office					
GREEN, ELIZABETH A		Street Address (P.O. Box Number L. M. Alleghtud)				305		
7700 NORTH KENDALL DRIVE, SUITE 20 MIAMI FL 33156	N.	Suile, Apt #, etc					$\dashv$	
				-02/26/9901106017			$\downarrow$	
		<u>ــــــــــــــــــــــــــــــــــــ</u>	<i>-</i>	·····································	<b>. FL</b>	1	-	
10a. Pursuant to the provisions of sections 620.1051 and for the purpose of changing its registered office or nagent. I am familiar with, and accept the obligations SIGNATURE (Registered Agent Accepting Appointment).	egistered agent, or both, in the State of Flor	ed imited partn ida Such chai	nersnip organ nge was auti	uzed or registered under the laws of the lorized by its general partner(s). I hereb	y accept the	ida; suomine inig giutameyr appointment of registered		
A GENERAL PARTNER THAT MUS	T BE REGISTERED AN	ID ACTI	D PAR IVE WI	TNERSHIP OR OTHE TH THIS OFFICE.	R BUS			
11. Name(s) of General Partner(s)	Address of Each Genera 11a. (Do NOT Use Post Office Bo	Address of Each General Partner  11a. (Do NOT Use Post Office Box Numbers)		11b. City, Slate & Zip Code		Registration/ Document Number	   @	
GREEN DADELAND HOTEL, INC.	7700 NORTH KENDALL DR		M	MIAMI FL 33156		P98000075332		
•						1687		
•								
•							-	
•				dee				
Note: General partners MAY NOT	be changed on this form	n; an am	endme	nt must be filed to cha	nge a g	eneral partner.		
12. I do hereby certify that the information supplied with this from any liability of non-compliance with Section 119.0 is true and accurate and that my signature shall have lexecute this report as required by chapter 620, Florida CREEN DADELAND	7(3)(k) in the event that the information sup the same legal effects as if made under oatt	plied is deemed n. I further certe	d exempt from ify that I am a	n public access. I further certify that the General Partner of the limited partners	information i	ndicated on this annual repor		
SIGNATURE By: Mizabets	A. Dreen			DATE Ø				
Typed or Printed Name of General Partner Signing Form E	lizabeth A Green, Vi	ce Pres	ident	Daytime Telephone Number (30)	5)670	-1000		