

FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT  
TO REVOCATION AND \$500 PENALTY FEE

FILED

97 OCT 21 PM 3:06

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

LIMITED PARTNERSHIP ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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1. Name of Limited Partnership	1a. DOCUMENT # <b>B95000000110</b>
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COCONUT GROVE PT LIMITED PARTNERSHIP

Mailing Address <b>P.O. BOX 120073 STAMFORD CT 06912-0073</b>	Principal Office Address <b>3003 SUMMER STREET STAMFORD CT 06905</b>	3. Date Formed or Registered <b>03/22/1995</b>	5a. Capital Contributions as Shown on record. <b>\$13,900,000.00</b>
2. Mailing Address	2a. Principal Office Address	3a. Date of Last Report <b>10/11/1996</b>	5b. Amount of Capital Contributions in FLORIDA to date: <b>14,079,305</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. State or Country of Formation <b>DE</b>	6. FEI Number <b>06-1419010</b>
City & State	City & State	7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip Country	Zip Country	8. Make check payable to: Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301</b>	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City <b>FL</b> 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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
COCONUT GROVE PT HOTEL CORPO	3003 SUMMER STREET	STAMFORD CT 06905	F95000001256

**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 **10/13/97**

Typed or Printed Name of General Partner Signing Form

**Michael J. Stone** Daytime Telephone Number **(203) 326-2300**

CR2E003 (6/97)



THE UNITED STATES  
CORPORATION  
COMPANY

B95000000110

ACCOUNT NO. : 072100000032

REFERENCE : 570263 8630A

AUTHORIZATION :

COST LIMIT :

\$ 541.25

Patricia Pigut

ORDER DATE : October 20, 1997

ORDER TIME : 11:42 AM

ORDER NO. : 570263-010

CUSTOMER NO: 8630A

CUSTOMER:

Ge Investment Co.  
Registered Agent Department  
1013 Centre Road  
Wilmington, DE 19805

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

ANNUAL REPORT FILING

NAME: COCONUT GROVE PT LIMITED  
PARTNERSHIP

XX ANNUAL REPORT

800002325328--8

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Janis M. Smith

EXAMINER'S INITIALS:

RECEIVED  
97 OCT 21 PM 1:21  
DIVISION OF CORPORATION