RE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP JECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

1. Name of Limited Partnership

DOCUMENT#

FILED 98 SEP 17 PH 1: 20 SECRETARD OF STATE TALLAHASOLE, FLORID**A**

A30983 MDM HOTEL GROUP, LTD. 3. Date Formed or Registered Malling Address Principal Office Address 5a. Capital Contributions as Shown on record. 12/24/1990 9090 S. DADELAND BLVD. 9090 S. DADELAND BLVD. **\$4**65,883.00 **MIAMI FL 33156** MIAMI FL 33156 3a. Date of Last Report 12/22/1997 Amount of Capital Contributions in FLORIDA 4. State or Country of Formation Malling Address 2a. Principal Office Address FL Suite, Apt. #, etc. Suite, Apt. #, etc. 6. FEI Number Applied For Not Applicable 65-0232230 City & State City & State 7. Certificate of Status Desired \$8.75 Additional Zip Country Country 8. Make check payable to: Dept. of State (See reverse side for fee information) 9. Name and Address of Current Registered Agent 10. If changed, new Registered Agent/Office CORPORATION COMPANY OF MIAMI Street Address (P.O. Box Number Is Not Acceptable) 201 SOUTH BISCAYNE BLVD. 1600 MIAMI CENTER Suite, Apt. #, etc. **MIAMI FL 33131** Zip Code 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) _ A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE 11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 11. Registration/ Name(s) of General Partner(s) 11b. City, State & Zip Code 11c. Document Number MDM HOTELS, INC. 9090 S. DADELAND BLVD **MIAMI FL 33156** S10575 200002646<u>002</u>0 -09/22/93-01044-007 ****535.00 ****535.00 700

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 fiting is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Fiorida 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 he e 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 cha-

SIGNATURE