

**FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP  
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**


**FILED**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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<b>LIMITED PARTNERSHIP ANNUAL REPORT 1997</b>		 <b>FLORIDA DEPARTMENT OF STATE Sandra Mortham Secretary of State DIVISION OF CORPORATIONS</b>	
<b>1. Name of Limited Partnership</b>  <b>DON CE SAR RESORT HOTEL, LTD.</b>		<b>1a. DOCUMENT #</b> <b>A04552</b>	
<b>Mailing Address</b> <b>S-215/LEGAL 900 COTTAGE GROVE ROAD HARTFORD CT 06152</b>		<b>Principal Office Address</b> <b>S-215/LEGAL 900 COTTAGE GROVE ROAD HARTFORD CT 06152</b>	
<b>2. Mailing Address</b> Suite, Apt. #, etc. City & State Zip Country		<b>2a. Principal Office Address</b> Suite, Apt. #, etc. City & State Zip Country	
<b>3. Date Formed or Registered</b> <b>10/22/1975</b>		<b>5a. Capital Contributions as Shown on record</b> <b>\$50,000,000.00</b>	
<b>3a. Date of Last Report</b> <b>01/25/1996</b>		<b>5b. Amount of Capital Contributions in FLORIDA to date</b> <b>\$18,522,869.</b>	
<b>4. State or Country of Formation</b> <b>FL</b>		<b>6. FEI Number</b> <b>59-1636913</b>	
<b>7. Certificate of Status Desired</b>		<input type="checkbox"/> <b>Applied For</b> <input checked="" type="checkbox"/> <b>Not Applicable</b>	
<b>8. Make check payable to Dept. of State (See reverse side for fee information)</b>		<b>\$8.75 Additional Fee Required</b>	

<b>9. Name and Address of Current Registered Agent</b> <b>C T CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324</b>		<b>10. If changed, new Registered Agent/Office</b> 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.**

<b>11. Name(s) of General Partner(s)</b> <b>ROSADO GRANDE, INC. IHC SERVICES COMPANY, L.L.C.</b>		<b>11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)</b> <b>900 COTTAGE GROVE ROA FOSTER PLAZA TEN, 680</b>		<b>11b. City, State &amp; Zip Code</b> <b>HARTFORD CT 06152 PITTSBURGH PA 15220</b>		<b>11c. Registration/Document Number</b> <b>F98000002757 M98000000215</b>	
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**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 Geraldine J. O'Coin DATE Dec. 20, 1996  
 Typed or Printed Name of General Partner Signing Form Rosado Grande, Inc. Daytime Telephone Number 860.726.5986

CR2E003 (6/96)