FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP WILL BE SUBJECT 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

SIGNATURE

Typed or Printed Name of General Pariner Signing Form J. William Rich ar dson

1a. DOCUMENT # **A04552**

SECRETARY OF STATE DIVISION OF CORPORATION 98 DEC 22 AM 9: 27

	A04552 LTD.					
DON CE SAR RESORT HOTEL,						
Mailing Address	Principal Office Address	777		3. Date Formed or Registered	5a. Capita	al Contributions as
FOSTER PLAZA X 690 ANDERSEN DRIVE PITTSBURGH PA 15220	FOSTER PLAZA X 690 ANDERSEN DRIVE PITTSBURGH PA 15220		-	10/22/1975 3a. Date of Last Report 01/05/1998	\$50,000,000.00 5b. Amount of Capital Contributions in FLORIDA to date: \$77,572,709.00	
2. Mailing Address	2a. Principal Office Address		<u> </u>	4. State or Country of Formation		
Suite, Apt. #, etc.	Suite, Apt. #, etc.			6. FEI Number 59-1636913	Applied For Not Applicable	
City & State Zip Country	City & State Zip Country		·	7. Certificate of Status Desired		\$8.75 Additional Fee Required
,				8. Make check payable to: Dept. of S	State (See reve	rse side for fee information)
9. Name and Address of Current Registered Agent		10, If changed, new Registered Agent/Office				
C T CORPORATION SYSTEM						
1200 S. PINE ISLAND ROAD		ass (P.O. Box Number Is Not Acceptable)				
PLANTATION FL 33324		Suite, Apt. #, etc. 50002737265 r -01/11/9301142012				
		****\$26.25				
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, submitte 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 (Do NOT Use Post Office Box	Partner (Numbers)	11b.	City, State & Zip Code	11c.	Registration/ Document Number
ROSADO GRANDE, INC.	900 COTTAGE CROVE ROA		HARTFORD CT 06152-231		F96000002757	
IHC REALTY CORPORATION	FOSTER PLAZA TEN, 680		PITT	isburgh pa 15220	F96	000005047
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 slignature 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.						