


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. Matham Secretary of State DIVISION OF CORPORATIONS	FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 99 APR 29 AM 9:00	
1. Name of Limited Partnership MIAMI AIRPORT HOTEL ASSOCIATES, LTD.		1a. DOCUMENT # A04880		
Mailing Address % THE CONTINENTAL COMPANIES 3250 MARY STREET, SUITE 500 MIAMI FL 33133		Principal Office Address % THE CONTINENTAL COMPANIES 3250 MARY STREET, SUITE 500 MIAMI FL 33133		3. Date Formed or Registered 04/30/1976
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country		2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country		3a. Date of Last Report 12/22/1997
4. State or Country of Formation FL		5a. Capital Contributions as Shown on record \$845,899.40		
6. FEI Number 59-1679341		5b. Amount of Capital Contributions in FLORIDA to date \$1,178,078.24		
7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		8. Make check payable to Dept. of State (See reverse side for fee information)		
9. Name and Address of Current Registered Agent PELTZ, ARVIN 3250 MARY ST. SUITE 501 MIAMI FL 33133		10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City		
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) WEISER, SHERWOOD M. LEFTON, DONALD E.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 3250 MARY ST. 3250 MARY ST.	11b. City, State & Zip Code MIAMI FL MIAMI FL	11c. Registration/Document Number	
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 _____ Typed or Printed Name of General Partner Signing Form Sherwood M. Weiser		DATE 12/29/98 Daytime Telephone Number (305) 445-4200		

CR2E003 (8/98)