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

LIMITED PARTNERSHIP ANNUAL REPORT 1997



NEW ORLEANS AIRPORT MOTEL ASSOCIATES, LTD.

FLORIDA DEPARTMENT OF STATE

## Sandra Mortham

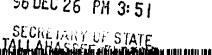
Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

DOCUMENT # A08166

FILED

96 DEC 26 PM 3: 51



| Mailing Address  SERVICO. INC. 1601 BELVEDERE RD., SUITE 501 SOUTH | Principal Office Address % SERVICO. INC. 1601 BELVEDERE RD SUITE 501 SOUTH | 3. Date Formed or Registered 11/27/1979 38. Date of Last Report   | <b>5a.</b> Capital Contributions as Shown on record. \$1,550,000.00                  |  |
|--|--|---|--|--|
| W. PALM BEACH FL 33406  2. Mailing Address                         | W. PALM BEACH FL 33406  2a. Principal Office Address                       | 12/26/1995  4. State or Country of Formation                      | 5b. Amount of Capital<br>Contributions in FLORIDA<br>to date:                        |  |
| Suite, Apt. #, etc.  | Suite, Apt. #, etc.  | 6. FEL Number 59-1935 178   | \$1,550,000.00  Applied For Not Applicable   |  |
| Zip Country  | City & Stafe  Zip Country  | 7. Certificate of Status Desired  8. Make check payable to: Dept. | \$8,75 Additional<br>Fee Required<br>of State (See reverse side for fee information) |  |

| 9. Name and Address of Current Registered Agent | 10. If changed, new Registered Agent/Office                                  |  |  |
|---|--|--|--|
| PALMARIELLO, JOAN                               | Name   |  |  |
| 1601 BELVEDERE ROAD<br>SUITE 501 SOUTH          | Street Address (P.O. Box Number 15 16 17 17 17 17 17 17 17 17 17 17 17 17 17 |  |  |
| WEST PALM BEACH FL 33408                        | Suite, Apt. *, etc. ****576.25 *****576.25                                   |  |  |
|   | City FL Zip Code   |  |  |

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) .

## 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. (Do NOT Use Post Office Box Numbers) | 11b. City, State & Zip Code | 11c. Flegistration/<br>Document Number |  |  |
|-----------------------------------|---|-----------------------------|--|--|--|
| NEW ORLEANS MOTEL ENTER           | 1601 BELVEDERE RD., #                     | W PALM BEACH FL 33406       | F94000003957                           |  |  |
|                                   |   |                             |  |  |  |
|                                   |   |                             |  |  |  |
| •                                 |   |                             |  |  |  |
| `                                 |   |                             |  |  |  |

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do horeby certify that the information supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)k). Florida Statutes Frelease 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's griature 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.

| New          | Urieans Airpor | t Moter Ass | ociates. Lto | 1.      |         |
|--------------|----------------|-------------|--------------|---------|---------|
| Bv:          | New Orleans Mo | tel Enterpr | ises. Inc    | General | Partner |
| IGNATURE BY: | New Orleans Mo | 3 (m< 4)    | استالمه      |         |         |

December 20, 1996

Robert D. Ruffin, Secretary WVice President - Admin. Typed or Printed Name of General Partner Signing Form . New Orleans Motel Enterprises, IncDaytme Telephone Number (561) 689-9970

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