


FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1998		 <p>FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS</p>		<p>FILED SECRETARY OF STATE DIVISION OF CORPORATIONS</p> <p>97 OCT -1 AM 8:48</p>	
1. Name of Limited Partnership DAYTONA BEACH RESORT INNS, LTD.		1a. DOCUMENT # A08881			
Mailing Address P.O. BOX 15200 DAYTONA BEACH FL 32115		Principal Office Address P.O. BOX 15200 DAYTONA BEACH FL 32115		3. Date Formed or Registered 05/09/1980 3a. Date of Last Report 01/08/1997 4. State or Country of Formation FL 5a. Capital Contributions as Shown on record \$100.00 5b. Amount of Capital Contributions in FLORIDA to date: NONE 6. FEI Number 59-1707000 <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable 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)	
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country		2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country		9. Name and Address of Current Registered Agent LOUCKS, WILLIAM E. 444 SEABREEZE BLVD SUITE 900 DAYTONA BEACH, FL FL 32118	
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.		10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City			
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 Partner (Do NOT Use Post Office Box Numbers)		11b. City, State & Zip Code	
COHEN, SAUL COHEN, BERNICE COHEN, BARRY M. SCHIFRIN, HYMAN SCHIFRIN, LOIS SCHIFRIN, BRUCE		19 WOODS LANE 19 WOODS LANE 19 WOODS LANE 386 PARK AVE. S. 386 PARK AVE. S. 386 PARK AVE. S.		BOYNTON BEACH FL BOYNTON BEACH FL BOYNTON BEACH FL MANHATTAN, NY. MANHATTAN, NY MANHATTAN, NY	
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		DATE			
Typed or Printed Name of General Partner Signing Form		Daytime Telephone Number			

CR2E003 (6/97)