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

DIVISION OF CONTROLATIONS
99 JAN 27 PM 2: 46

1		Name	of	Limited	Partnership
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DOCUMENT# A08912

1555 PALM BEACH LAKES BOULEVARD

WEST PALM BEACH FL 33402

FLORIDA LODGING, LTD.

Gu-Pf/cus

Mailing	Address

1555 PALM BEACH LAKES BOULEVARD P.O. BOX 3267 WEST PALM BEACH FL 33402

2. Mailing Address

Suite, Apt #, etc.

City & State

Z10

2a. Principal Office Address

Suite, Apt. #, etc.

P.O. BOX 3267

Principal Office Address

City & State

Zip

Country



3. Date Formed or Registered

05/21/1980

3a. Date of Last Report

12/23/1997

4. State or Country of Formation

6, FEI Nimber

59-1999448

7. Certificate of Status Desired

5a. Capital Contributions as Shown on record

\$125,000.00

5b. Amount of Capital Contributions in Factorina to date

\$125,000.00**

Applied For

Not Applicable

\$8.75 Additional Fee Required

8. Make check payable to Dept. of State (Sec reverse side for fee information)

10 If changed new Registered ApentiOffice

9. Name and Address of Current Registered Agent

ECCLESTONE, E.L., JR. 1555 PALM BEACH LAKES BLVD. WEST PALM BEACH FL 33401

Country

Nan.e

Street Address (P.O. Box Number Is Not Acceptable)

Suite Apt #. et-

10a. Pursuant to the provisions of sections 620-1051 and 620-102. Florida Statutes, the above named limited partnership organized or registered under the laws of the State of Floridal 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 partie (s). Thereby 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)

ECCLESTONE, E.L,JR,TRUST

Address of Each General Partner 11a. (Do NOT Use Post Office Box Numbers)

1555 PALM BCH LAKES B

11b.

City State & Zip Con-

11c.

Registration* Document Number

W. PALM BEACH FL

G93043900021

aaaanik, DD - *****595.OD

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

12. 1 do hereby certify that the information supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3) +). Florida Statutes, Trelease the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is decined event that no public affects. S. I further certify that the information thic ability and on this annual report is true and accurate and that my signature shall have the same legal effects as if made under outh. 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 820. Florida Statutes

SIGNATURE _

Typed or Printed Name of General Partner Signing Form

E. L. Ecclestone Jr.

12/14/98

Daytimic Telephone Number 561/686-2000