

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

LIMITED PARTNERSHIP
ANNUAL REPORT
1998
Reinstatement Form



FLORIDA DEPARTMENT OF STATE
Division of Corporations
Secretary of State

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 OCT 15 PM 2: 14

A11973

1. Name of Limited Partnership

PLANTATION INN
INVESTORS, LTD., a Florida limited partnership

1a. DOCUMENT #

A11973

Mailing Address

375 North State Rd. 7
Plantation, FL 33317

Principal Office Address

2a. Principal Office Address

375 N. State Rd. 7

2. Mailing Address

375 N. State Rd. 7

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Plantation, FL

Zip Country

33317 Broward

City & State

Plantation, FL

Zip

33317

Country

Broward

3. Date Formed or Registered

01/21/1982

3a. Date of Last Report

1997

4. State or Country of Formation

FL

5a. Capital Contributions as
Shown on record.

\$360,500.00

5b. Amount of Capital
Contributions in FLORIDA
to date

\$360,500.00

6. FEI Number

59 128 1477

☐ Applied For
☒ Not Applicable

7. Certificate of Status Desired

☐ \$0.75 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

Lawrence A. Riggs
375 N. State Rd. 7
Plantation, FL 33317

10. If changed, new Registered Agent/Office

Name

Lawrence A. Riggs

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

610 NW 19th #407

Suite, Apt. #, etc.

City

Fort Lauderdale

State

FL

Zip Code

33311

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

10/14/98

**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)

Riggs, Lawrence A.

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

610 NW 19th, #407

11b. City, State & Zip Code

Fort Lauderdale,
FL 33311

11c. Registration/
Document Number

PBWAIR - 500.00
AR - 875.00
ARSC - 177.50
1,552.50

REINSTATEMENT 1998

1999
A.R.

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

10/14/98

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number