

FILE ON OR BEFORE APRIL 7, 1999 TO AVOID  
REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

99 APR -7 AM 11:24



1. Name of Limited Partnership

1a. DOCUMENT #  
A15091

SERVICO CENTRE ASSOCIATES, LTD.

Mailing Address

% SERVICO, INC.  
1601 BELVEDERE RD. STE-501, SOUTH  
WEST PALM BEACH FL 33406

Principal Office Address

% SERVICO, INC.  
1601 BELVEDERE RD. STE-501, SOUTH  
WEST PALM BEACH FL 33406

2. Mailing Address

3445 PEACHTREE ROAD NE

Suite, Apt. #, etc.

SUITE 700

City & State

ATLANTA, GA

Zip  
30326

Country

FULTON

2a. Principal Office Address

3445 PEACHTREE ROAD NE

Suite, Apt. #, etc.

SUITE 700

City & State

ATLANTA, GA

Zip  
30326

Country

FULTON

3. Date Formed or Registered

08/10/1983

3a. Date of Last Report

01/08/1998

4. State or Country of Formation

FL

5a. Capital Contributions as  
Shown on record

\$4,200,000.00

5b. Amount of Capital  
Contributions in FLORIDA  
to date

\$4,200,000.00

6. FEI Number

59-2317532

☐ Applied For  
☒ Not Applicable

7. Certificate of Status Desired

☒

\$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

BUDEMMEYER, DAVID  
1601 BELVEDERE RD.  
SUITE 501 S.  
WEST PALM BEACH FL 33406

10. If changed, new Registered Agent/Office

Name

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

Suite, Apt. #, etc.

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)

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)

PALM BEACH MOTEL ENTERPRISES

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

~~1601 BELVEDERE RD.~~  
3445 PEACHTREE ROAD NE  
SUITE 700

11b. City, State & Zip Code

~~WEST PALM BEACH FL~~  
ATLANTA, GA 30326

11c. Registration/  
Document Number

632371

100002837121--8  
-04/12/99--01144--023  
\*\*\*\*535.00 \*\*\*\*535.00

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.

SERVICO CENTRE ASSOCIATES, LTD., BY: PALM BEACH MOTEL ENTERPRISES, INC., IT'S G.P.

SIGNATURE BY:

DATE 4/6/99

Typed or Printed Name of General Partner Signing Form

TONI JONES, SECRETARY & TREASURER

Daytime Telephone Number 404-364-9400

CR2E003 (12/98)