

**FILE ON OR BEFORE APRIL 9, 1997 TO AVOID REVOCATION
AND \$500 PENALTY FEE**

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra Mortham Secretary of State DIVISION OF CORPORATIONS
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1. Name of Limited Partnership DEERFIELD BEACH HOMETEL LIMITED PARTNERSHIP	1a. DOCUMENT # A16510
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Mailing Address 3131 TURTLE CREEK BLVD., SUITE 1300 DALLAS TX 75219	Principal Office Address C/O OUARLES & BRADY ONE EAST CAMEL BACK ROAD, SUITE 400 PHOENIX AZ 85012
2. Mailing Address 3210 Belt Line Rd Suite, Apt. #, etc. Suite # 140 City & State DALLAS, TX Zip 75234 Country	2a. Principal Office Address 3210 Belt Line Rd Suite, Apt. #, etc. Suite # 140 City & State DALLAS, TX Zip 75234 Country

3. Date Formed or Registered 02/29/1984	5a. Capital Contributions as Shown on record. \$1,000.00
3a. Date of Last Report 12/20/1995	5b. Amount of Capital Contributions in FLORIDA to date: \$1,000
4. State or Country of Formation AZ	6. FEI Number 33-0024296
7. Certificate of Status Desired	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
8. Make check payable to: Dept. of State (See reverse side for fee information)	\$8.75 Additional Fee Required

9. Name and Address of Current Registered Agent GRASSER, PAUL R 8875 HIDDEN RIVER PKY. SUITE 300 TAMPA FL 33637	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City Zip Code
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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) MINNESOTA HOTEL COMPANY	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 3210 Belt Line Rd, #140	11b. City, State & Zip Code DALLAS TX 75234	11c. Registration/Document Number P02733
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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 **24 MARCH 97**
 Typed or Printed Name of General Partner Signing Form **Michael R. Greenwald** Daytime Telephone Number **(972) 280-0300**

For: Minnesota Hotel Co., Inc.