


**FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP  
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP ANNUAL REPORT <b>1997</b>		 FLORIDA DEPARTMENT OF STATE <b>Sandra Mortham</b> Secretary of State DIVISION OF CORPORATIONS
<b>1. Name of Limited Partnership</b>  HOSPITALITY INN OF SARASOTA, LTD.	<b>1a. DOCUMENT #</b> <b>A17382</b>	

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

96 DEC 23 AM 8:57

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1.2/36



<b>Mailing Address</b> 12630 LILLIAN HIGHWAY PENSACOLA FL 32506		<b>Principal Office Address</b> 12630 LILLIAN HIGHWAY PENSACOLA FL 32506		<b>3. Date Formed or Registered</b> 07/02/1984	<b>5a. Capital Contributions as Shown on record.</b> \$50,000.00
<b>2. Mailing Address</b> P.O. Box 119 Suite, Apt. #, etc.		<b>2a. Principal Office Address</b> P.O. Box 119 Suite, Apt. #, etc.		<b>3a. Date of Last Report</b> 11/28/1995	
<b>City &amp; State</b> Lillian, AL Zip 36549-0119 Country		<b>City &amp; State</b> Lillian, AL Zip 36549-0119 Country		<b>4. State or Country of Formation</b> FL	<b>5b. Amount of Capital Contributions in FLORIDA to date.</b> \$8.75 Additional Fee Required
				<b>6. FEI Number</b> 59-2438346	
				<b>7. Certificate of Status Desired</b>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
<b>8. Make check payable to: Dept. of State (See reverse side for fee information)</b>					

<b>9. Name and Address of Current Registered Agent</b> GINGERICH, JACOB 12630 LILLIAN HWY PENSACOLA FL 32506	<b>10. If changed, new Registered Agent/Office</b> Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City
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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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number
GINGERICH, JACOB	12630 LILLIAN HWY.	PENSACOLA FL	
LIECHTY, DARRELL	3443 MAI KAI DRIVE	PENSACOLA FL	
FRENCH, MIKE	2425 CAVALLA LOOP	PENSACOLA FL	

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\*\*\*\*488.75 \*\*\*\*488.75

**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

*Jacob G. Gingerich*  
Jacob G. Gingerich

12/11/96  
(334) 962-2018

CRZE003 (6/96)