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

FLORIDA DEPARTMENT OF STATE LIMITED PARTNERSHIP SECRETARY OF STATE Sandra Mortham ANNUAL REPORT DIVISION OF CORPORATIONS Secretary of State 1997 DIVISION OF CORPORATIONS 96 DEC 20 PM 1:57 **DOCUMENT#** 1. Name of Limited Partnership A17510 W-L INN ASSOCIATES, LTD. 5a. Capital Contributions as Shown on record. 3. Date Formed or Registered Principal Office Address Mailino Address 07/24/1984 3250 MARY STREET 3250 MARY STREET **\$**7,797,935.72 SUITE 500 SUITE 500 3a. Date of Last Report MIAMI FL 33133 MIAMI FL 33133 01/03/1996 **5b.** Amount of Capital Contributions in FLORIDA 4. State or Country of Formation 2. Mailing Address 2a. Principal Office Address \$7,851,935.72 FL Suite, Apt. #, etc. Suite. Apt. #, etc. 6. FEI Number Applied For 59-2431604 Not Applicable City & State City & State 7. Certificate of Status Desired \$8.75 Additional Fee Required Zip Country Zip Country 8. Make check payable to: Dept. of State (See reverse side for fee information) 9. Name and Address of Current Registered Agent 10. If changed, new Registered Agent/Office PELTZ, ARVIN Street Address (P.O. Box Number Is Not Acceptable) 3250 MARY ST. **SUITE 500** Suite, Apt. #, etc. **MIAMI FL 33133** City 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) A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. Registration/ Document Number 11a. (Do NOT Use Post Office Box Numbers) 11. Name(s) of General Partner(s) 11b. City, State & Zip Code 11c. SIX DAISIES, INC. 3250 MARY STREET MIAMI FL S09869 400002ф40464

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

1. 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						
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Daytime Telephone Number 305-445-2493

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