

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

LIMITED PARTNERSHIP
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
97 DEC 16 PM 4:00

SECRETARY OF STATE
FLORIDA



1. Name of Limited Partnership

1a. DOCUMENT #
A19051

THE ANGEILT HOTEL INVESTORS LIMITED PARTNERSHIP

Mailing Address

2814 NEW SPRING ROAD, SUITE 330
ATLANTA GA 30339

Principal Office Address

2814 NEW SPRING ROAD, SUITE 330
ATLANTA GA 30339

3. Date Formed or Registered

01/31/1985

5a. Capital Contributions as Shown on record.

\$7,132,299.00

3a. Date of Last Report

12/17/1996

5b. Amount of Capital Contributions in FLORIDA to date:

4. State or Country of Formation

GA

6. FEI Number

59-1622450

☐ 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)

2. Mailing Address

2810 SPRING ROAD
Suite, Apt. #, etc.
SUITE 106

2a. Principal Office Address

Suite, Apt. #, etc.

City & State

ATLANTA, GA

City & State

Zip

Country

Zip

Country

30339

9. Name and Address of Current Registered Agent

PRENTICE-HALL CORPORATION SYSTEM, INC.
110 NORTH MAGNOLIA STREET
TALLAHASSEE FL 32301

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)

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

11b. City, State & Zip Code

11c. Registration/Document Number

ANGEILT BUILDING, INC.

1500 INTERSTATE TOWER

CHARLOTTE NC

P14204

000002380590-1
-12/23/97-01053-020
***541.25 ***541.25

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

J. Christopher Boone

Daytime Telephone Number

704-379-9232

CR2E003 (6/97)