

FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

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98 DEC 30 PM 2:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP
ANNUAL REPORT
1999



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

1. Name of Limited Partnership

1a. DOCUMENT #
A19131

HOSPITALITY INNS PENSACOLA, LTD.

99-AR
CM



Mailing Address

Principal Office Address

P.O. BOX 1089
GREENVILLE SC 29602

ONE INSIGNIA FINANCIAL PLAZA
GREENVILLE SC 29601

3. Date Formed or Registered

02/15/1985

5a. Capital Contributions as
Shown on record.

\$493,800.00

3a. Date of Last Report

12/17/1997

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

4. State or Country of Formation

FL

2. Mailing Address

2a. Principal Office Address

1873 S. BELLAIRE ST.

1873 S. BELLAIRE ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 1700

SUITE 1700

City & State

City & State

DENVER, CO

DENVER, CO

Zip

Country

Zip

Country

80202-4348

80202-4348

6. FEI Number

95-3983103

☐ 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

C T CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. If changed, new Registered Agent/Office

Name

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

Suite, Apt. #, etc.

City

Zip Code

CORPORATION SERVICE COMPANY
1201 HAUS STREET
TALLAHASSEE FL 32301

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.

Karen B. Rozar, As Its Agent

SIGNATURE (Registered Agent Accepting Appointment)

DATE

12/30/98

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

MAE VENTURES, INC.

ONE INSIGNIA FINANCIA

GREENVILLE SC 29601

F92000000848

300002727243--1

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. MAE VENTURES, INC. (GP FOR HOSPITALITY PENSACOLA LTD.)

SIGNATURE: Cheryl E. Goldschmitt
ASSISTANT SECRETARY

DATE: 12/11/98

Typed or Printed Name of General Partner Signing Form: CHERYL E. GOLDSCHMITT

Daytime Telephone Number: (904) 216-2933

CR2E003 (8/98)

A19131



ACCOUNT NO. : 072100000032

REFERENCE : 081253 5056396

AUTHORIZATION :

COST LIMIT :

Patricia Pizant
\$ 526.25

ORDER DATE : December 29, 1998

ORDER TIME : 2:40 PM

ORDER NO. : 081253-090

CUSTOMER NO: 5056396

CUSTOMER: Ms. Cheryl Goldschmitt
Aimco
1225 Eye Street, Nw
Suite 200
Washington, DC 20005

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ANNUAL REPORT FILING

NAME: HOSPITALITY INNS PENSACOLA,
LTD.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: JEANINE REYNOLDS

EXAMINER'S INITIALS: _____

RECEIVED
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OFFICE OF CORPORATION