

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

**FILED**

97 JAN 14 AM 9:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
**Sandra Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

LIMITED PARTNERSHIP  
ANNUAL REPORT  
**1997**

1. Name of Limited Partnership

1a. DOCUMENT #  
**A20665**

**THE WEST PALM BEACH VENTURE, LTD.**



*Handwritten initials*

Mailing Address

400 E SOUTH ST  
SUITE 500  
ORLANDO FL 32801

Principal Office Address

400 E SOUTH ST  
SUITE 500  
ORLANDO FL 32801

3. Date Formed or Registered

08/30/1985

5a. Capital Contributions as Shown on record

\$1,689,975.00

3a. Date of Last Report

04/02/1996

5b. Amount of Capital Contributions in FLORIDA to date

1,689,975.00

4. State or Country of Formation

FL

6. FEI Number

59-2672865

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

MANOR, TIM  
200 N EOLA DR  
ORLANDO FL 32801

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)

SOUTH WEST INN, INC.

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

400 E. SOUTH STREET,

11b. City, State & Zip Code

ORLANDO FL 32801

11c. Registration/Document Number

P93000051451

300002061359--3  
-01/17/97--01018--021  
\*\*\*576.25 \*\*\*576.25

**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

*Handwritten signature*

DATE

1/7/97

Typed or Printed Name of General Partner Signing Form

ROBERT A. BOURNE

Daytime Telephone Number

407-422-1574

CR2E003 (6/96)