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

FLORIDA DEPARTMENT OF STATE FILED SECRETARY OF STATE DIVISION OF CORPORATIONS LIMITED PARTNERSHIP Sandra B. Mortham ANNUAL REPORT Secretary of State 1999 DIVISION OF CORPORATIONS 98 DEC 30 AM 9: 04 **DOCUMENT#** 1. Name of Limited Partnership Ä20910 HOSPITALITY INNS PENSACOLA, LTD. II 3. Date Formed or Registered Capital Contributions as Shown on record. Mailing Address Principal Office Address 10/02/1985 ONE INSIGNIA FINANCIAL PLAZA P.O. BOX 1089 \$732,905.00 GREENVILLE SC 29602 GREENVILLE SC 29801 3a. Date of Last Report 12/22/1997 5b. Amount of Capital Contributions in FLORIDA to date: 4. State or Country of Formation Mailing Address Principal Office Address 732,905 6. FE! Number Applied For 77-0096444 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) Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 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 Karen B. Rozar, As Its Agent SIGNATURE (Registered Agent Accepting Appointment)

A GENERAL PARTNER THÁT IS A CORPORATION. LIMITED PARTNERSHIP OR OTHER BUSINESS

City, State & Zip Code	11c. Registration/	
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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	foliut	7.5	Lung	<u> </u>	
Typed or Printed Name of Gene	ral Partner Signing Form	<u>Sber</u>	tD.	Long	, VP

Daytime Telephone Number