

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

LIMITED PARTNERSHIP
ANNUAL REPORT
1999



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

FILED

98 DEC 31 AM 8:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1. Name of Limited Partnership

1a. DOCUMENT #
A24182

CRI HOTEL INCOME PARTNERS, L.P., LIMITED
PARTNERSHIP

Mailing Address
11200 ROCKVILLE PIKE
SUITE 500
ROCKVILLE MD 20852

Principal Office Address
11200 ROCKVILLE PIKE
SUITE 500
ROCKVILLE MD 20852

3. Date Formed or Registered
02/19/1987

5a. Capital Contributions as
Shown on record.
\$21,716,550.00

3a. Date of Last Report
11/25/1997

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

21,716,550.00

2. Mailing Address

2a. Principal Office Address

4. State or Country of Formation
DE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

6. FEI Number
52-1500621

☐ Applied For
☐ 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

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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

CRICO HOTEL ASSOCIATES I, LI

11300 ROCKVILLE PIKE

ROCKVILLE MD

A27036

400002748314--4
-01/20/99--01088--015
***526.25 ***526.25

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

[Signature] FOR CRICO, INC. G.P. OF
CRICO HOTEL ASSOCIATES I, L.P., G.P.
ELIJAH L. JACKSON

DATE

11/10/98

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

(301) 468-9202

CR2E003 (8/98)