FILE ON OR BEFORE APRIL 8,1998 TO AVOID REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

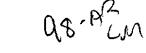
Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

SIGNATURE

1a. DOCUMENT # **A25576**

HOSPITALITY SQUARE, LTD.



FILED 98 FEB -9 AM 9: 38 SECRETARY OF STATE TALLAHASSEE, FLORIDA



4.5.III 4.4.4	Dringland Office Address		3. Date Formed or Registered	5a. Capital Contributions as
Mailing Address WFLORIDA HOTEL & MOTEL ASSOCIATION, INC. P. O. BOX 1528 TALLAHASSEE FL 32302	Principal Office Address %FLORIDA HOTEL & MOTEL ASSOCIATION. INC. P. O. BOX 1529 TALLAHASSEE FL 32302		12/09/1987 3a. Date of Last Report 01/16/1997	\$1,000,000.00 \$1,000,000.00 5b. Amount of Capital Contributions in FLORIDA
2. Mailing Address	2a. Principal Office Address		4. State or Country of Formalion	Contributions in FLOHIDA to date:
Suite, Apt. #, etc.	Suite, Apt. ₩, etc.		6. FEI Number 59-2861079	Applied For
City & State	City & State		7. Certificate of Status Desired	Not Applicable \$8.75 Additional Fee Required
Zip Country	Žip 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	
WAITS, THOMAS A FLORIDA HOTEL & MOTEL ASSOCIATION, INC. 200 WEST COLLEGE STREET TALLAHASSEE FL 32301		Name Street Address (P. Sulte, Apt. #, etc. City	dress (P.O. Box Number is Not Acceptable) 2/18/98 01055 012 t. #, etc. #****526.25 *****526.25	
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 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. (Do NOT Use Post Office Box	D. d		11c. Registration/
FLORIDA HOTEL & MOTEL ASSOCI	200 WEST COLLEGE AVE.		TALLAHASSEE FL	704087 (£67.1) E003283
Note: General partners MAY NOT b 12. I do hereby certify that the Information supplied with this Corporations from any liability of non-compliance with Se	filing is voluntarily furnished and does no	qualify for the exemp	otion stated in Section 119.07(3)(k), Florid	a Statutes. I release the Division of

this annual report is true and accurate and that my signature shall have the same legal effects as if made under eath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report accurate and that my signature shall have the same legal effects as if made under eath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report accurate and that my signature shall have the same legal effects as if made under eath. I further certify that I am a General Partner of the limited partnership, receiver or trustee