

FILE ON OR BEFORE APRIL 9, 1997 TO AVOID REVOCATION
AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 APR -1 AM 11:17

1. Name of Limited Partnership

1a. DOCUMENT #
A25619

MIAMI AIRPORT HOTEL LIMITED PARTNERSHIP, AN ARIZ
ONA LIMITED PARTNERSHIP

Mailing Address

3131 TURTLE CREEK BLVD.
SUITE 1300
DALLAS TX 75219

Principal Office Address

3131 TURTLE CREEK BLVD.
SUITE 1300
DALLAS TX 75219

3. Date Formed or Registered

12/16/1987

5a. Capital Contributions as
Shown on record.

\$100.00

3a. Date of Last Report

12/20/1995

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

#100

4. State or Country of Formation

AZ

6. FEI Number

75-2203487

☐ 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)

2. Mailing Address

3210 Belt Line Rd.
Suite #140
DALLAS, TX
75234

2a. Principal Office Address

3210 Belt Line Rd.
Suite #140
DALLAS, TX
75234

9. Name and Address of Current Registered Agent

GRASSER, PAUL R
8875 HIDDEN RIVER PKY.
SUITE 300
TAMPA FL 33637

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)

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)

WOOLEY/SWEENEY HOTEL NUMBER
MINNESOTA HOTEL COMPANY

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

3210 Belt Line Rd., #140
3210 Belt Line Rd., #140

11b. City, State & Zip Code

DALLAS TX 75234
DALLAS TX 75234

11c. Registration/
Document Number

A32630
P02733

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(9)(a) 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 effect 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

DATE

24 MARCH 97

Typed or Printed Name of General Partner Signing Form

MICHAEL R. GREENWALD
For Minnesota Hotel Co.

Daytime Telephone Number

(972) 280-0300