

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

FILED

98 SEP 25 PM 1:20

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



**LIMITED PARTNERSHIP
ANNUAL REPORT
1999**

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

1. Name of Limited Partnership	1a. DOCUMENT # A26920
CONVENTION HOTEL PARTNERS, LTD.	



Mailing Address 9640 INTERNATIONAL DRIVE ORLANDO FL 32819	Principal Office Address 7600 INTERNATIONAL DRIVE ORLANDO FL 32819	3. Date Formed or Registered 08/19/1988	5a. Capital Contributions as Shown on record. \$12,500,000.00
2. Mailing Address	2a. Principal Office Address	3a. Date of Last Report 10/08/1997	5b. Amount of Capital Contributions in FLORIDA to date:
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. State or Country of Formation FL	
City & State	City & State	6. FEI Number 59-2950418	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip	Country	7. Certificate of Status Desired	<input type="checkbox"/> \$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 ROSEN, HARRIS 7600 INTERNATIONAL DRIVE ORLANDO FL 32819	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code
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\$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 _____

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) HARRIS ROSEN ENTERPRISES New General Partner: Rosen Master Partnership, Ltd. Certificate of Amendment attached	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) INC. 7600 INTERNATION 7600 International Drive	11b. City, State & Zip Code ORLANDO FL Orlando, FL 32819	11c. Registration/ Document Number M94481 A97000002423
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-09/28/98-01096-004
*****578.75 ***526.25**

dec

CR2E003 (8/98)

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 Harris Rosen DATE 9/15/98
 Typed or Printed Name of General Partner Signing Form Harris Rosen Daytime Telephone Number (407)351-1600