


**FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT
TO 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		1a. DOCUMENT # A28241		
THE INN AT LAKESHORE VILLAS, LTD.				
Mailing Address 16001 LAKESHORE VILLA DR. TAMPA FL 33613		Principal Office Address 15401 LAKESHORE VILLA STREET TAMPA FL 33613		3. Date Formed or Registered 04/20/1989
2. Mailing Address		2a. Principal Office Address		3a. Date of Last Report 12/20/1996
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. State or Country of Formation FL
City & State		City & State		6. FEI Number 59-2948079
Zip		Country		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
				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)				
5a. Capital Contributions as Shown on record. \$175,000.00				
5b. Amount of Capital Contributions in FLORIDA to date:				

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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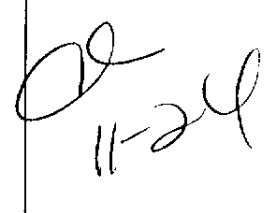
9. Name and Address of Current Registered Agent		10. If changed, new Registered Agent/Office	
GOEHRING, ROLAND A. 15401 LAKESHORE VILLAS STREET TAMPA FL 33613		Name 300002358423--5 Street Address (P.O. Box Number is Not Acceptable) -11/26/97--01110--006 Suite, Apt. #, etc. ***541.25 ***541.25 City FL 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
LAKESHORE VILLAS, INC.	15401 LAKESHORE VILLA	TAMPA FL	364311
			

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

Typed or Printed Name of General Partner Signing Form

Roland A. Goehring

DATE

9-18-1997

Daytime Telephone Number

813-968-5023

CP2E003 (6/97)