FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND $500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1997

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 DEC 24 PM 1:09

1. Name of Limited Partnership

Lepercq Tallahassee Partners, Ltd.

1a. DOCUMENT # A28477

Mailing Address
C/O DIANNE R. SMITH, I.A., THE LCP GROUP
355 LEXINGTON AVENUE, 14TH FLOOR
NEW YORK NY 10017

Principal Office Address
C/O DIANNE R. SMITH, I.A., THE LCP GROUP
355 LEXINGTON AVENUE, 14TH FLOOR
NEW YORK NY 10017

2. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

2a. Principal Office Address
Suite, Apt. #, etc.
City & State
Zip Country

3. Date Formed 6/14/89

3a. Date of Last Report 1995

4. State or Country of Formation FL

5a. Capital Contributions, as Shown on record $ 23,721.00
S.H. Filed 12-24-96

5b. Amount of Capital Contributions in FLORIDA to date $ 23,721.

6. FEI Number 59-2956023 ☐ 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 schedule)

9. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 section 620.1051 and 620.102, 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 620.102, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) Connie Bryan Spec. Ass't. Secy. Connie Bryan DATE 12-24-96

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)	11b. City, State & Zip Code	11c. Registration/Document Number
Lepercq Tallahassee Hotel Investors L.P.	355 LEXINGTON AVE 14	NEW YORK NY	A28489

Amendment Filed 12-24-96

FF $ 106.25
Surch 138.75
12-27

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 any kind for 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 complete and that my signature shall have the same legal effects as if made under oath; that I am a General Partner of the limited partnership; or that I am empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE By: Antonia G. Trigiani DATE 12/19/96

Antonia G. Trigiani, Vice President of the General Partner of the General Partner (212)692-7200

Typed or Printed Name of General Partner Signing Form Telephone Number

000003