## 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 # **A28572** 

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

97 DEC 23 AM 11: 23

# 115



PLANTATION HOTEL LIMITED PARTNERSHIP				1 1001000 FRID 12001 10104 01111 10010 1011 01011 01011 01011 01011 01011 01011 01011 01011 01011 01011 01011			
		4.11	4				
Malling Address		Principal Office Address		3. Date Formed or Regist	tered <b>5a.</b> Capi	tal Contributions as	
P.O. BOX 7066 - TAX DEPT. INDIANAPOLIS IN 46207		P.O. BOX 7066 - TAX DEPT. INDIANAPOLIS IN 46207		06/30/1989		\$2,653,048.00	
				3a. Dale of Last Report	\$2,6		
				01/03/1997	5b. Amo	unt of Canital	
				4. State or Country of Fori	mation Cont	5b. Amount of Capital Contributions in FLORIDA to date:	
2. Malling Address Suite, Apt. #, etc. City & State		28. Principal Office Address  Sulte, Apt. #, etc.  City & State		IN		#2,653,048.00  Applied For Not Applicable	
				6. FEI Number			
				35-1773875			
				7. Certificate of Status Do.	nisod		
Zip Country		Zip Country			Fee Required		
				8. Make check payable to	: Dopt. of State (See rev	rerse sido for fee Informat	
9. Nen	ne and Address of Cu	rrent Registered Agent	<del>-                                    </del>	10. If changed, new I	Registered Ament/Office		
C T CORPORATION SYSTEM			Name Street Address (P.O. Box Number Is Not Acceptable)				
							1200 S. PINE ISLAND PLANTATION FL 33324
PENNIAHUN PE 33324	•		Suite, Apt. #,	, etc.			
10a. Pursuant to the provision	ons of sections 620.105	of and 620 192. Florida Statules, the above nar	City	realiporganized or registered upder the	FL.	Zip Code	
for the purpose of chan agent. I am familiar with BIGNATURE (Registered Agent A	iging its registered office, and accept the oblige Accepting Appointmen	AT IS A CORPORATION.	nied limited partinei lorida. Such chang	pe was authorized by its general partner  PARTNERSHIP OR C	laws of the State of Flor ((s). I horeby accept the DATE	ida, submits this statemen appointment of registere	
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Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

1do 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 accuracy and that my signature shall have the same logal 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 a quinted by chapter 620, Florida Statutes

SIGNATURE

DATE

12/9/9.

Daytime Telephone Number \_\_\_ 317-263-2282

Typed or Printed Name of General Partner Signing FornHerb Simon, President Sim-Plant, Inc.