

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

97 JAN -6 AM 10:00

mtu
1/14



1. Name of Limited Partnership

1a. DOCUMENT #
A28839

FAIRFIELD INN BY MARRIOTT LIMITED PARTNERSHIP

Mailing Address
**10400 FERNWOOD RD.
DEPT. 72-862
BETHESDA MD 20817-1109**

Principal Office Address
**10400 FERNWOOD ROAD
BETHESDA MD 20817-1109**

3. Date Formed or Registered
08/31/1989

5a. Capital Contributions as
Shown on record.
\$0.00

3a. Date of Last Report
12/15/1995

5b. Amount of Capital
Contributions in FLORIDA
to date

4. State or Country of Formation
DE

-0-

2. Mailing Address
10400 Fernwood Road

2a. Principal Office Address
10400 Fernwood Road

Suite, Apt. #, etc.
Dept. 862

Suite, Apt. #, etc.
Dept. 862

City & State
Bethesda, Maryland

City & State
Bethesda, Maryland 20817-1109

6. FEI Number
52-1638296

☐ 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)

Zip Country
20817-1109

Zip Country
20817-1109

9. Name and Address of Current Registered Agent

10. If changed, new Registered Agent/Office

THE PRENTICE-HALL CORPORATION SYSTEM, INC.

Name

---1201 HAYS STREET---

Street Address (P.O. Box Number is Not Acceptable)

---SUITE 106---

110 North Magnolia Street

TALLAHASSEE FL 32301

Suite, Apt. #, etc.

City
Tallahassee

Zip Code
FL 32301

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

MARRIOTT FIBM ONE CORP.

DEP 862, 10400 FERNWO

BETHESDA MD

P25206

**100002058981--7
-01/15/97--01044--019
****191.25 ****191.25**

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.

DEC 13 1996

SIGNATURE

DATE

Typed or Printed Name of General Partner Signing Form

Susan E. Wallace, Asst. Secretary Daytime Telephone Number **(301) 380-5168**

CR2E003 (6/96)