


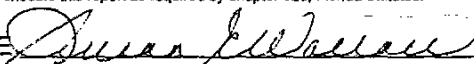
FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP  
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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LIMITED PARTNERSHIP ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
1. Name of Limited Partnership  FAIRFIELD INN BY MARRIOTT LIMITED PARTNERSHIP		1a. DOCUMENT # A28839	
Mailing Address  10400 FERNWOOD ROAD DEPT 862 BETHESDA MD 20817-1109	Principal Office Address  10400 FERNWOOD ROAD DEPT 862 BETHESDA MD 20817-1109	3. Date Formed or Registered 08/31/1989	5a. Capital Contributions as Shown on record. \$0.00
2. Mailing Address		3a. Date of Last Report 01/02/1998	5b. Amount of Capital Contributions in FLORIDA to date:
2a. Principal Office Address		4. State or Country of Formation DE	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	6. FEI Number 52-1638296	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
City & State	City & State	7. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
Zip	Country	8. Make check payable to: Dept. of State (See reverse side for fee information)	
9. Name and Address of Current Registered Agent  THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301		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 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)  MARRIOTT FIBM ONE CORP.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)  DEP 862, 10400 FERNWO	11b. City, State & Zip Code  BETHESDA MD 20817-110	11c. Registration/ Document Number  P25296
600002691976--5 -11/19/98--01089--019 ****141.25 ****141.25			
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.			
SIGNATURE  Typed or Printed Name of General Partner Signing Form Susan E. Wallace		DATE OCT 14 1998 (301) 380-7575 Daytime Telephone Number	

CR2E003 (8/98)