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

## LIMITED PARTNERSHIP ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

1a. DOCUMENT # A30931

FILED

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98 NOV 23 AM 11:53

SECRETARY OF STATE TALLAHASSEE FLORIDA

DECO BEACH INNS, LTD.					
Mailing Address  1850 COLLINS AVENUE MIAMI BEACH FL 33139	Principal Office Address 1850 COLLINS AVENUE MIAMI BEACH FL 33139		3. Date Formed or Registered  12/18/1990  3a. Date of Last Report  05/18/1998	5a. Capital Contributions as Shown on record.  \$1,000.00  5b. Amount of Capital Contributions in FLORIDA to date:  Applied For Not Applicable	
2. Mailing Address  Suite, Apt. #, etc.  City & State	2a. Principal Office Address Suite, Apt. #, etc. City & State		4. State or Country of Formation FL 6. FEI Number 65-0400742		
Zip Country	Zip Country		7. Certificate of Status Desired \$8.75 Additional Fee Required 8. Make check payable to: Dept. of State (See reverse side for fee information)		
9. Name and Address of Current Registered Agent MANDELL, LLOYD 1741 COLLINS AVE. MIAMI BEACH FL 33139		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc.			
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 I	3-4	City, State & Zip Code	11c.	Registration/ Document Number
CLARA MANAGEMENT & SALES, IN			MI BEACH FL 33139 S19258  500026993159 -12/01/9801076011 *****141.25 *****141.25		58 5
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 Statutas. 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 expurate and that my signature shall have the same logal effects as if made under eath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by charter 620, Florida, Statutes.  SIGNATURE  DATE  DATE  DATE  DESCRIPTION OF The Partner All Partnership is the supplied by the Date of the Division of Corporation indicated on this annual report is true and expurate and that my signature shall have the same logal effects as if made under eath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by charter 620, Florida, Statutes.  DATE  DATE  DATE  DATE  DESCRIPTION OF THE Partnership is true as the Division of Corporation indicated on this annual report is true and exempt from public access. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by charter 620, Florida, Statutes.					
Typed or Printed Name of General Partner Signing Form			Davtime Telephone Number		}