

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
97 DEC -8 AM 9:10

1. Name of Limited Partnership CADILLAC HOTEL LTD		1a. DOCUMENT # A 3 1994
Mailing Address 9861 E. BROADVIEW DR. BAY HARBOR ISLANDS FL. 33154-1116.		Principal Office Address
2. Mailing Address	2a. Principal Office Address 6565 COLLINS AVE	3. Date Formed or Registered 9/18/91
Suite, Apt. #, etc.	Suite, Apt. #, etc.	3a. Date of Last Report
City & State MIAMI BEACH	City & State	4. State or Country of Formation FL.
Zip FLORIDA 33141	Zip FLORIDA 33141	5a. Capital Contributions as Shown on record 7500.00
		5b. Amount of Capital Contributions in FLORIDA to date:
		6. FEI Number 65-0308198 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
		7. Certificate of Status Desired <input type="checkbox"/> \$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 JOEL B. SUSSMAN 190 BALFOUR DRIVE BAL HARBOR, FLORIDA 33154	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code
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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) CHGP. CORP.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 9861 E. BROADVIEW DR.	11b. City, State & Zip Code BAY HARBOR FLORIDA 33154	11c. Registration/Document Number 579886
			000002370520--5 -12/12/97--01045--007 ****156.25 ****156.25 dec

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 **PRES CHGP. CORP.** DATE **12/4/97**
Typed or Printed Name of General Partner Signing Form **CHGP. CORP BY JOEL SUSSMAN** Daytime Telephone Number **305-866-1637**

CR2E003 (6/97)