## TO REVOCATION AND \$500 PENALTY FEE

## LIMITED PARTNERSHIP ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

SECRETARY OF STATE DIVISION OF CORPORATIONS

| .000   | DIVISION OF C  | CORPORATIO  | NS                | 00 550 + 4  |                        |                                      |  |
|--|--|---|-------------------|---|------------------------|--------------------------------------|--|
| 1. Name of Limited Partnership   | 1a. DOCUN<br><b>A32005</b>   |   |                   |   | 98 FEB 16 AM 8: 52     |                                      |  |
| WHB HOTEL CORP., LTD.  |  |   |                   |   |                        |                                      |  |
|  |  |   |                   | 902/1   | 8                      |                                      |  |
| Malling Address  | Principal Office Address   |   |                   | 3. Date Formed or Registered  | 5a. Capita<br>Show     | Contributions as on record.          |  |
| P.O. BOX 7183  | P.O. BOX 7193  | P.O. BOX 7193   |                   |   |                        |                                      |  |
| FT. LAUDERDALE FL 33338  | FT. LAUDERDALE FL 33338  |   |                   | 09/23/1991<br>3a. Date of Last Report   | \$99.00                |                                      |  |
|  |  |   |                   | 04/18/1997  | 5b. Amou               | nt of Capital<br>outlions in FLORIDA |  |
|  | 100  |   |                   | 4. State or Country of Formation  | to date                | SC                                   |  |
| 2. Mailing Address   | 28. Principal Office Address   | 28. Principal Office Address  |                   |   |                        |                                      |  |
| Suite, Apt. #, etc.  | Suite, Apt. #, etc.  | Suite, Apt. #, etc.   |                   |   | <u> </u>               | Applied For                          |  |
| City & State   | City & State   | City & State  |                   |   |                        | Not Applicable                       |  |
|  |  |   |                   | 7. Certificate of Status Desired  |                        | \$8.75 Additional<br>Fee Required    |  |
| Zip Country  | Zip  | Zip Country   |                   | 8. Make check payable to: Dept. of State (See reverse side for fee Information) |                        |                                      |  |
|  |  |   |                   |   | · · · · ·              |                                      |  |
| 9. Name and Address of Cu  | rrent Registered Agent   | Name  |                   | 10. If changed, new Registere   | d Agent/Office         |                                      |  |
| LEDER, NATHAN I., ESQ.   |  |   |                   |   |                        |                                      |  |
| 5200 BLUE LAGOON DR., SUITE 600  |  | Street Add  | lress (P.O. B     | iox Number is Not Acceptable)   |                        |                                      |  |
| MIAMI FL 33126-2022  |  | Suite, Apt. #, etc.   |                   |   |                        |                                      |  |
|  |  | City  |                   |   | FL                     | Zip Code                             |  |
| 10a. Pursuant to the provisions of sections 620.105 for the purpose of changing its registered office agent. I am familiar with, and accept the obliging SIGNATURE (Registered Agent Accepting Appointment A GENERAL PARTNER THA | te or registered agent, or both, in the State of F<br>ations of section 620.192, Florida Statutes. | Florida. Such cha   | inge was au       | thorized by its general partner(s). I here                                      | eby accept the         | appointment of registered            |  |
| ML   | JST BE REGISTERED A  | ND ACTI   | VE WIT            | TH THIS OFFICE.   |                        | TEOG ENTITI                          |  |
| 11. Name(a) of General Partner(s)  | 11a. Address of Each Gene<br>(Do NOT Use Post Office   | 11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) |                   | City, State & Zip Code  | 11c.                   | Registration/<br>Document Number     |  |
| HOTEL INVESTORS OF ORLANDO,  | 5200 BLUE LAGOON D   | 5200 BLUE LAGOON DR.,   |                   | MIAMI FL 33126  |                        | \$76040<br>4356060                   |  |
| •  |  |   |                   | 600002-<br>-02/19.<br>****1/  | 4356<br>/9801<br>/1.25 | 5069<br>093006<br>****141.25         |  |
| Note: General partners MAY N   | OT be changed on this for  | m: an am  | <u>i</u><br>endme | nt must be filed to che   | nge e ce               | neral nartner                        |  |
| 12. I do hereby certify that the information supplied w  |  |   |                   |   | _ <u></u>              |                                      |  |
| Corporations from any liability of non-compliance<br>this annual report is true and accurate and that in   | with Section 119.07(3)(k) in the event that the  | information supp  | plied is deer     | ned exempt from public access. I furth  | er certify that th     | e information indicated on           |  |

SIGNATURE \_

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number (954) 524.6500