


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 <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
1. Name of Limited Partnership <b>ADMIRAL'S INN, LTD</b>		1a. DOCUMENT # <b>A32200</b>	
2. Mailing Address <b>5665 CYPRESS GARDENS BLVD. WINTER HAVEN FL 33884</b>		3. Date Formed or Registered <b>11/07/1991</b>	
2a. Principal Office Address <b>5665 CYPRESS GARDENS BLVD. WINTER HAVEN FL 33884</b>		3a. Date of Last Report <b>01/05/1998</b>	
2b. City & State <b>WINTER HAVEN FL</b>		4. State or Country of Formation <b>FL</b>	
2c. Zip <b>33884</b>		5a. Capital Contributions as Shown on record <b>\$80,750.00</b>	
2d. Country <b>USA</b>		5b. Amount of Capital Contributions in FLORIDA to date <b>80750.00</b>	
2e. Suite, Apt. #, etc. <b></b>		6. FEI Number <b>59-3090876</b>	
2f. City & State <b>WINTER HAVEN FL</b>		7. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
2g. Zip <b>33884</b>		8. Make check payable to Dept. of State (See reverse side for fee information) <b>3350</b>	
9. Name and Address of Current Registered Agent <b>VAN DIVER, JEFF 5665 CYPRESS GARDENS BLVD. WINTER HAVEN FL 33884</b>		10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City <b>FL</b> Zip Code <b>33884</b>	
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 _____			
<b>A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b>			
11. Name(s) of General Partner(s) <b>E.N.D., INC.</b>	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) <b>888 S. BROADWAY</b>	11b. City, State & Zip Code <b>BALTIMORE MD</b>	11c. Registration/Document Number <b>P20398</b>
4000028085534-9 -03/12/99-01004-024 ****535.00 ****535.00			
<b>Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.</b>			
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 _____		DATE <b>2/19/99</b>	
Typed or Printed Name of General Partner Signing Form _____		Daytime Telephone Number _____	

CR2E003 (8/98)