

FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

LIMITED PARTNERSHIP
ANNUAL REPORT
1998

1. Name of Limited Partnership		1a. DOCUMENT # A32385											
PALM BEACH HOTEL LIMITED (DELAWARE)		<table border="1"> <tr> <td>3. Date Formed or Registered 12/20/1991</td> <td rowspan="2">5a. Capital Contributions as Shown on record \$1,400,000.00</td> </tr> <tr> <td>3a. Date of Last Report 02/10/1997</td> </tr> <tr> <td>4. State or Country of Formation DE</td> <td rowspan="2">5b. Amount of Capital Contributions in FLORIDA to date:</td> </tr> <tr> <td>6. FEI Number 62-1484507</td> </tr> <tr> <td>7. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required</td> <td><input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable</td> </tr> <tr> <td colspan="2">8. Make check payable to: Dept. of State (See reverse side for fee information)</td> </tr> </table>		3. Date Formed or Registered 12/20/1991	5a. Capital Contributions as Shown on record \$1,400,000.00	3a. Date of Last Report 02/10/1997	4. State or Country of Formation DE	5b. Amount of Capital Contributions in FLORIDA to date:	6. FEI Number 62-1484507	7. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	8. Make check payable to: Dept. of State (See reverse side for fee information)	
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City & State	City & State												
Zip Country	Zip Country												



12/30

9. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM, INC. 110 NORTH MAGNOLIA STREET TALLAHASSEE FL 32301	10. If changed, now 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) GRACE DEVELOPMENT, INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 3309 FAIRMONT DR.	11b. City, State & Zip Code NASHVILLE TN 37203	11c. Registration/Document Number P36717
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8000002356818-7
-12/31/97-01023-011
***550.00 ***550.00

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 *X John R. Grace, V.P.* DATE November 5, 1997
Typed or Printed Name of General Partner Signing Form **John R. Grace, V. P.** Daytime Telephone Number **615/385-5433**

C-52E003 (6/97)