

**FILE ON OR BEFORE APRIL 9, 1997 TO AVOID REVOCATION
AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 MAR 31 PM 2:36



1. Name of Limited Partnership	1a. DOCUMENT # A33199
THE BILTMORE HOTEL MANAGEMENT LIMITED PARTNERSHI	

Mailing Address 1200 ANESTESIA AVE. CORAL GABLES FL 33134 US	Principal Office Address 1200 ANESTESIA AVE. CORAL GABLES FL 33134 US	3. Date Formed or Registered 07/20/1992	5a. Capital Contributions as Shown on record. \$7,500.00
2. Mailing Address	2a. Principal Office Address	3a. Date of Last Report 10/10/1995	5b. Amount of Capital Contributions InFLORIDA to date:
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. State or Country of Formation FL	
City & State	City & State	6. FEI Number 13-3675190	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip	Country	7. Certificate of Status Desired <input checked="" 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 THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS ST STE 105 TALLAHASSEE FL 32301	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code
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 Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
SEAWAY BILTMORE, INC.	%1 DAG HAMMARSKJOLD P	NEW YORK NY	P38356
200002129692--4 -04/01/97--01036--001 ****165.00 ****165.00 <i>dec cus 165.00 (new bus)</i>			

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 *T/A [Signature]* DATE *March 25, 1997*

Typed or Printed Name of General Partner Signing Form _____ Daytime Telephone Number _____

CR2E003 (11/96)