FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1997

GAINESVILLE HOTEL PROPERTIES. LTD.



FLORIDA DEPARTMENT OF STATE

Sandra Mortham

Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

1a. DOCUMENT # **A33567**

96 DEC 26 PM 3: 05

SECREDALLY OF STATE TALLAHASSEE, FLORIDA



C/O CHARTER ONE HOTELS & RESORTS. INC. 2022 HILLUREW ST SARASOTA FL 34239 2. Mailing Address 3. Detect Last Report 12/21/1995 4. State or Country of Formation FL 5. Ancount of Capital Contributions in FLORIDA to titule in the Capital Country of Formation FL 6. FET Number 5. P3 3148016 7. Certificate of Status Desired 8. Make check payable to: Dept of State (See reverse side for the Information FL MILLIAM G. 1. Street Address (F.O. Box Number is Not Acceptable) SarASOTA FL 34230 10. If changed, new Registered Agent/Office 10. If changed, new Registered Agent/Office 10. If changed in the Registered Agent/Office Address (F.O. Box Number is Not Acceptable) Sorte, Apt. #. etc. City FL Zip Code 10. Pursuant to the provisions of anchors 670 1921 Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits the statem for the purpose of changing its repeated office or registered agent, or both, in the State of Florida Statutes Such change was authorized by its general partner(s) I hereby accept the appointment of registered Agent Land Remailer with and accept the abdrations of section 670 192, Florida Statutes A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTIT MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.		·						
38. Date of last Report 12/21/1995 28. Mailing Address 28. Principal Office Address 29. Mailing Address 29. Mailing Address 20. Salid 20. Salid 20. Country 20. Salid 20. Country 20. Country 20. Country 20. Country 20. Country 20. Country 20. Name and Address of Current Registered Agent LAMBRECHT, MILLAM G. 1550 RINGLING BOULEVARD SARASOTA FL 34230 38. Date of Last Report 10. If chainged new Registered Agent/Office 10. If chainged new Registered Agen	C/O CHARTER ONE HOTELS & RESORTS. INC. C/O CHARTER ONE HOTELS & RESORTS. IN			IC.	[**		Shown on record	
28. Principal Office Authorss 28. Principal Office Authorss Suite. Apt. #, etc. Suite. Apt. #, etc. Suite. Apt. #, etc. City & State Country Zip Country Zip Country Zip Country Tip: Ti	* ··· * · · · · · · · · · · · · · · ·					5b. Amount of Capital		
City & State City & State Country Zip Country A. Make a cheer paysate to Dept of State (See reverse side for for informative Page state of Agent Country State (See reverse side for for informative Page state of Agent Country State (See reverse side for for informative Page state of Agent Country State of Page state of Agent Address (P.O. Box Number is Not Acceptable) SarkASOTA FL 34230 Sinter Address (P.O. Box Number is Not Acceptable) SarkASOTA FL 34230 Sinter Address (P.O. Box Number is Not Acceptable) SarkASOTA FL 34230 Sinter Address (P.O. Box Number is Not Acceptable) SarkASOTA FL 34230 Sinter Address (P.O. Box Number is Not Acceptable) SarkASOTA FL 34230 Sinter Address (P.O. Box Number is Not Acceptable) SarkASOTA FL 34230 Sinter Address of Page state o	2. Mailing Address	28. Principal Office Address			· · · · · · · · · · · · · · · · · · ·	to date:		
Country Zip Country Zip Country Required State	Suite, Apt. #, etc.				6. FEI Number 59-3148016			
Report of State (See reverse side for too inform) 9. Name and Address of Current Registered Agent 10. If changed, new Registered AgentOffice LAMBRECHT, WILLIAM 9. 1550 RINGLING BOULEVARD SARASOTA FL 34230 Since Address (P.O. Box Number is Not Acceptable) S	City & State	City & State			7. Certificate of Status Desired	A		
LAMBRECHT, WILLIAM G. 1550 RINGLING BOULEVARD SARASOTA FL 34230 Succ. Apl. #. etc City FL Zip Code Ci	Zip Country	Zip Country			Fee Required 8. Make check payable to: Dept. of State (See reverse side for fee information			
Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Suite. Apt. #. etc. City FL Zip Code C	9. Name and Address of Current Registered Agent			10. If changed, new Registered Agent/Office				
SARASOTA FL 34230 Suite: Apil. #. etc. City FL Zip Code Total Pursuant to the previsions of sections 6/0 1051 and 6/0 192. Horida Statutes. The above-named limited partnership organized or registered under the laws of the State of Florida, submits this statem 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). Thereby accept the appointment of registe agent. The familiar with, and accept the obligations of section 6/0 192, Florida Statutes. A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTIT MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. 11. Name(s) of General Partner(s) ALACHO, INC. 2032 HILLVIEW ST SARASOTA FL V71081 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1550 RINGLING BOULEVARD		Name					
City FL Zip Code City FL Zip Code City FL Zip Code To the purpose of changing its registered different registered agent 1 and 620 192. Horida Statutes, the above-named limited partnership organized or registered under the taws of the State of Florida, submits this state of Florida. Such change was authorized by its general partner(s). Thereby accept the appointment of registered Agent 1 and accept the obligations of section 620 192. Horida State of Florida. Such change was authorized by its general partner(s). Thereby accept the appointment of registered Agent Accepting Appointment. A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITED MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. 11. Name(s) of General Partner(s) 11a. (po NOT Use Foot Office Box Numbers) ALACHO, INC. 2032 HILLVIEW ST SARASOTA FL V71081 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			' in the second					
Total Date Pursuant to the provisions of sections 620 1051 and 620 192, Florida Statutos, the above-named fimiled partnership organized or registered under the laws of the State of Florida, submits this statem for the purpose of changing its repistered agent, or both, in the State of Florida Such change was authorized by its general partner(s). Thereby accept the appointment of registe agent. I am familiar with, and accept the obligations of section 620 192, Florida Statutos. INSTITUTION OF THE BUSINESS ENTITY OF A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. In Name(s) of General Partner(s) 11a. (po NOT Use Fost Office Box Numbers) 11b. City, State 8 7tp Code 11c. Registration Pocument Number ALACHO, INC. 2032 HILLVIEW ST SARASOTA FL V71081 1 - 01/07/97 - 01184 - 003 ******585.00 *******585.00 *******585.00								
to the purpose of changing its registered office or registered agent, or both, in the State of Fiorida. Such change was authorized by its general partner(s). Thereby accept the appointment of registered agent. Lam familiar with, and accept the obligations of section 620-192, Fiorida Statutes. A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITED MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. 11. Name(s) of General Partner(s) 11a. (Do NOT Use Post Office Box Numbers) ALACHO, INC. 2032 HILLVIEW ST SARASOTA FL 10001204456 11 - 2 -01/07/3701184-003 *****S85.00 *****S85.00 *****S85.00			FL Zip Cooe					
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. 11. Name(s) of General Partiner(s) 11a. (Da NOT Use Post Office Box Numbers) ALACHO, INC. 2032 HILLVIEW ST SARASOTA FL 110000204451611-2-01/07/9701184003 *****585.00 *****585.00 Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.	for the purpose of changing its registered office agent. I am familiar with, and accept the obligat SIGNATURE (Flegistered Agent Accepting Appointment)	or registered agent, or both, in the State of l ons of section 620.192, Florida Statutes.	Florida Such chai	nge was au	thorized by its general partner(s). I her	eby accept the	appointment of registers	
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1000020496112 -01/07/9701184003 *****585.00 *****585.00 Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner	11. Name(s) of General Partner(s)	Address of Each Gen (Do NOT Use Post Office	eral Partner Box Numbers)	11b.	City, State & Zip Code	11c.		
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 I do become not that the information currenced with this blood is voluntarily transfer and does not duality for the execution stated in Section 114 HZCHRA. Fronds Statuted I volunte the Division of 								

this annual report is true and accurate and that my signature shall have the same legal effects as if made under eath. I further certify that I am a General Partner of the limited partnership, receiver or trustee

Popielinski

as required by chapter 620. Florida Statutes.

empowered to execute نظر

Typed or Printed Name of Geomal Partner Signing Form

SIGNATURE

941-364-9224