

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

LIMITED PARTNERSHIP
ANNUAL REPORT
1997



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

SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 JUN -2 AM 10:43



1. Name of Limited Partnership

1a. DOCUMENT #
A94000000663

M-D HOTELS, LTD.

Mailing Address
103 WHISPERING SANDS
RT-4 BOX 020
SANTA ROSA BEACH FL 32459

Principal Office Address
103 WHISPERING SANDS
RT-4 BOX 020
SANTA ROSA BEACH FL 32459

3. Date Formed or Registered
05/12/1994

5a. Capital Contributions as
Shown on record.
\$200.00

3a. Date of Last Report
02/20/1996

5b. Amount of Capital
Contributions in FLORIDA
to date:
\$200.00

4. State or Country of Formation
FL

6. FEI Number
59-3243064
☐ Applied For
☐ Not Applicable

7. Certificate of Status Desired
☐ \$8.75 Additional
Fee Required
8. Make check payable to: Dept. of State (See reverse side for fee information)

2. Mailing Address
6015 W. County Hwy 30A

2a. Principal Office Address
6015 W. County Hwy 30A

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

9. Name and Address of Current Registered Agent

IHM OF FLORIDA, INC.
103 WHISPERING SANDS
RT-4 BOX 020
SANTA ROSA BEACH FL 32459

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number is Not Acceptable)

6015 W. County Hwy 30A

Suite, Apt. #, etc.

City

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

IHM OF FLORIDA, INC.

103 WHISPERING SANDS,
5018 W. County
Hwy. 30A

SANTA ROSA BEACH FL 3

P94000033440

Returned within
time frame
OK
6-1

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.

IHM OF FLORIDA, INC., Gen. Partner

SIGNATURE

DATE

4/4/97

IHM OF FLORIDA, INC.

904-267-3403

CR2E003 (11/96)