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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 JAN 29 AM 10:19

LIMITED PARTNERSHIP
ANNUAL REPORT
1997

A94000001256

1. Name of Limited Partnership

1a. DOCUMENT # A94000001256

CAPSTAR TALLAHASSEE INVESTORS, L.P.

MK 1/29/98

Mailing Address
c/o United Corporate Services, Inc.
801 N.E. 167th st., Suite 300
North Miami Beach, FL 33162

Principal Office Address – Do Not Use P.O. Box

2. Mailing Address

Attn: Apt. #, etc.

City & State

Zip Country

2a. Principal Office Address

Suite, Apt. #, etc.

City & State

Zip Country

3. Date Formed or Registered: Sept. 15, 1994

3a. Date of Last Report:

4. State or Country of Formation: FL

5a. Capital Contributions as shown on record: 100,237.50

5b. Amount of Capital Contributions in FLORIDA to date: 100,237.50

6. FEI Number: 59-3312708 ☐ 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)

9. Name and Address of Current Registered Agent

United Corporate Services, Inc.
801 N.E. 167th St., Suite 300
North Miami Beach, FL 33162

10. If changed, new Registered Agent/Office

Name

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

Suite, Apt. #, etc.

City FL Zip Code

100000241234441--0
-02/06/98--01036--003
***2061.25 ***2061.25

10a. Pursuant to the provisions of sections 620.1021 and 620.196, 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) Michael A. Barr, Pres DATE 1/29/98

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 P.O. Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
Capstar Hotels of Tallahassee, Inc.	1100 Wisconsin Ave, NW Suite 650	Washington, DC 20007	P94000046611

PENALTY 1,000.00
AR 875.00
SUND 177.50
CUS 8.75
2061.25

REINSTATEMENT 1997-1998

M/K CW

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

2. 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)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) 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 Howard B. Baer DATE 1/29/98

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

CR2E035 (10/96)