

**FILE ON OR BEFORE APRIL 7, 1999 TO AVOID
REVOCATION AND \$500 PENALTY FEE**

**LIMITED PARTNERSHIP
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 APR -7 AM 11:23



1. Name of Limited Partnership

1a. DOCUMENT #
A95000000701

**WORCESTER HOSPITALITY ASSOCIATES LIMITED PARTNER
SHIP**

Mailing Address

C/O SERVICIO, INC.
1601 BELVEDERE RD. SUITE 501S
WEST PALM BEACH FL 33406

Principal Office Address

C/O SERVICIO, INC.
1601 BELVEDERE RD. SUITE 501S
WEST PALM BEACH FL 33406

3. Date Formed or Registered

05/04/1995

5a. Capital Contributions as Shown on record.

\$7,387,500.00

3a. Date of Last Report

01/08/1998

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

\$7,387,500.00

4. State or Country of Formation

FL

6. FEI Number

13-3828866

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

3445 PEACHTREE ROAD NE

Suite, Apt. #, etc.
SUITE 700

City & State
ATLANTA, GA

Zip Country
30326 FULTON

2a. Principal Office Address

3445 PEACHTREE ROAD NE

Suite, Apt. #, etc.
SUITE 700

City & State
ATLANTA, GA

Zip Country
30326 FULTON

9. Name and Address of Current Registered Agent

**BUDEMAYER, DAVID
C/O SERVICIO, INC.
1601 BELVEDERE ROAD
WEST PALM BEACH FL 33406**

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)

SERVICIO WORCESTER, INC.

11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)

~~1601 BELVEDERE ROAD~~
**3445 PEACHTREE ROAD NE
SUITE 700**

11b. City, State & Zip Code

~~WEST PALM BEACH FL 33~~
ATLANTA, GA 30326

11c. Registration/ Document Number

P95000031880

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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.

WORCESTER HOSPITALITY ASSOCIATES, L.P., BY: SERVICIO WORCESTER, INC., IT'S G.P.

SIGNATURE BY:

DATE **4/6/99**

Typed or Printed Name of General Partner Signing Form **TONY JONES, SECRETARY & TREASURER** Daytime Telephone Number **404-364-9400**

CR2E003 (12/98)