



FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED 98 DEC 24 AM 10:22 SECRETARY OF STATE TALLAHASSEE, FLORIDA 	
1. Name of Limited Partnership		1a. DOCUMENT # A95000001045			
COURTYARD DISTRIBUTION CENTER LIMITED PARTNERSHIP					
Mailing Address 10260 N.W. 47TH STREET SUNRISE FL 33351		Principal Office Address 10260 N.W. 47TH STREET SUNRISE FL 33351		3. Date Formed or Registered 07/06/1995	
2. Mailing Address		2a. Principal Office Address		3a. Date of Last Report 12/24/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. State or Country of Formation FL	
City & State		City & State		6. FEI Number 65-0710086	
Zip		Country		<input type="checkbox"/> 5a. Capital Contributions as Shown on record. \$5,000.00	
				<input type="checkbox"/> 5b. Amount of Capital Contributions in FLORIDA to date:	
				7. Certificate of Status Desired <input 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		10. If changed, new Registered Agent/Office	
COURTYARD DISTRIBUTION CENTER, INC. 10260 N.W. 47TH STREET SUNRISE FL 33351		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, etc.	
		City	
		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
COURTYARD DISTRIBUTION CENTE	10260 N.W. 47TH STREE	SUNRISE FL 33351	P95000050610

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

DATE 12/21/98

Typed or Printed Name of General Partner Signing Form

Joseph Vitolo

Daytime Telephone Number (954) 572-6900

CR2E003 (8/98)