

**FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO 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

96 OCT 17 PM 3:31

1. Name of Limited Partnership

1a. DOCUMENT #
A95000001267

ZENITH PROPERTIES (ORLANDO), LIMITED PARTNERSHIP



Call 10/18

Mailing Address

**1000 ZENITH AVENUE
FORT MILL SC 29715**

Principal Office Address

**200 SOUTH ORANGE AVENUE, SUITE 3000
ORLANDO FL 32801**

2. Mailing Address

2a. Principal Office Address

200 South Orange Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 2300

City & State

City & State

Orlando FL 32801

Zip

Country

Zip

Country

3. Date Formed or Registered

08/24/1995

5a. Capital Contributions as
Shown on record

\$148,500.00

3a. Date of Last Report

12/27/1995

5b. Amount of Capital
Contributions in FLORIDA
to date

\$148,500.00

4. State or Country of Formation

FL

6. FET Number

59-3340021

☐ 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

**WHITEHEAD, KAREN
200 S. ORANGE AVENUE, SUITE 2300
ORLANDO FL 32801**

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number)

Suite, Apt. #, etc.

City

100001984531-1

-10/23/96--01092--011

******437.50 ****437.50**

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)

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

11b. City, State & Zip Code

11c. Registration/
Document Number

REGENT HOSPITALITY CORPORATI

1000 ZENITH AVENUE

FORT MILL SC 29715

F95000004108

100001984531-1

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******138.75 ****138.75**

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

Oct. 9, 1996

Typed or Printed Name of General Partner Signing Form

Regent Hospitality Corp by Angle Yam

Telephone Number **(803) 547-8118**

CR2E003 (6/96)