

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

New Fee & Cnd

LIMITED PARTNERSHIP
ANNUAL REPORT
1997



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 JAN 21 AM 9:45

1. Name of Limited Partnership

1a. DOCUMENT #
A95000001727

ORMOND INTERCHANGE INN EAST, LTD.



Mailing Address
2209 SOUTH ATLANTIC AVENUE
DAYTONA BEACH SHORES FL 32118

Principal Office Address
2209 SOUTH ATLANTIC AVENUE
DAYTONA BEACH SHORES FL 32118

3. Date Formed or Registered
11/15/1995

5a. Capital Contributions as
Shown on record.

\$750,000.00

3a. Date of Last Report
04/19/1996

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

\$980,000.00 OK

2. Mailing Address

170 WILLIAMSON BLVD

2a. Principal Office Address

170 WILLIAMSON BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORMOND BEACH, FL.

City & State

ORMOND BEACH, FL

Zip

32174

Country

U.S.A

Zip

32174

Country

U.S.A.

6. FEI Number

APPLIED FOR

593375750

☐ Applied For
☐ Not Applicable

7. Certificate of Status Desired

X

\$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

BAZEMORE, JAMES L
2209 SOUTH ATLANTIC AVENUE
DAYTONA BEACH SHORES FL 32118

10. If changed, new Registered Agent/Office

Name

STEVEN W. MULLINGER

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

170 WILLIAMSON BLVD

Suite, Apt. #, etc.

City

ORMOND BEACH

FL

Zip Code

32174

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)

Steven W. Mullinger

DATE 12-31-96

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)

BAZEMORE, JAMES L

MULLINGER, STEVEN W. ✓
(As per amendment
previously filed)

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

2209 SOUTH ATLANTIC A

170 WILLIAMSON BLVD
ORMOND BEACH, FL
32174

11b. City, State & Zip Code

DAYTONA BEACH SHORES

600002068466--2
-01/24/97--01115--008
ORMOND BEACH ***103.75 ***103.75
32174

11c. Registration/
Document Number

600002068466--2
-01/24/97--01115--007
****448.25 ****446.25

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

Steven W. Mullinger

DATE 12-31-96

Typed or Printed Name of General Partner Signing Form

STEVEN W. MULLINGER

Daytime Telephone Number

904-254-8884

CR2E003 (6/96)