

FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

FILED

97 SEP -8 PM 4:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

1. Name of Limited Partnership	1a. DOCUMENT # A95000001727
ORMOND INTERCHANGE INN EAST, LTD. 98-AR CM	



Mailing Address	Principal Office Address	3. Date Formed or Registered
170 WILLIAMSON BLVD. ORMOND BEACH FL 32174	170 WILLIAMSON BLVD. ORMOND BEACH FL 32174	11/15/1995
2. Mailing Address	2a. Principal Office Address	3a. Date of Last Report
Suite, Apt. #, etc.	Suite, Apt. #, etc.	01/21/1997
City & State	City & State	4. State or Country of Formation
Zip	Country	FL
		6. FEI Number
		59-3375750
		7. Certificate of Status Desired
		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
		8. Make check payable to: Dept. of State (See reverse side for fee information)

5a. Capital Contributions as Shown on record.
\$980,000.00
5b. Amount of Capital Contributions in FLORIDA to date:

9. Name and Address of Current Registered Agent MULLINGER, STEVEN W 170 WILLIAMSON BLVD. ORMOND BEACH FL 32174
--

10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City State: 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
BAZEMORE, JAMES L MULLINGER, STEVEN W	2209 SOUTH ATLANTIC A 170 WILLIAMSON BLVD.	DAYTONA BEACH SHORES ORMOND BEACH FL 32174	
			200002289862--0 -08/10/97--01077--002 *****541.25 *****541.25

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 9-5-97

Typed or Printed Name of General Partner Signing Form STEVEN W. MULLINGER Daytime Telephone Number 904-322-9231

CR2E003 (6/97)