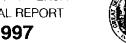
FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNITAL DEDOOT





FLORIDA DEPARTMENT OF STATE

Sandra Mortham

AINI	NUAL REPORT	Secri	etary of State		31.07	OCAL DEVILORS	
	1997	Secretary of State DIVISION OF CORPORATIONS		IS	95 001 84 PH 1: 40		
1. Name of L	united Partnership	1a. DOCUMENT # A9600000882					
PURE LO	ODGING, LTD.						
Ma'ling Address P.O. BOX-21870 ST. SIMONS ISLAND GA 31522		Principal Office Address			3. Date Formed or Registered 05/09/1996	5a. Capital Contributions as Shown on record \$1,750,000.00	
		-STSIMONS-IDLAND GA-3			3a. Date of Last Report		
						5b. Amount of Capital Contributions in FLORIDA	
2. Mailing Address		2a. Principal Office Addres	2a Principal Office Address		4. State or Country of Formation	to date	
P.O. B	OX 20287	613-B BEACHVIEW	613-B BEACHVIEW DRIVE		FL	\$1,750,000.00	
Suite, Apt. #,	Suite, Apt. #, etc. Suite, Apt. #, etc.				6. FEI Number	Applied For	
City & Stale		City & State	, , , , , , , , , , , , , , , , , , , ,		59-3377171	Not Applicable	
Zip	Country	ST. SIMONS ISLA	ND, GA Country		7. Certificate of Status Desired	\$8.75 Additional Fee Required	
					8. Make check payable to Dept. of State (See reverse side for fee informatio		
	9. Name and Address of Curr	ent Registered Agent			10. If changed, new Registere	d Agent/Office	
RAX CO		Name					
C/O MA	Street Address (P.O. Box Number Is Not Acceptable)						
	BANK CNTR	Suite, Apt. #, etc					
JACKSC	ONVILLE FL 32202		City			Zip Code	
10a. Pursua	ant to the provisions of sections 620,1051	and 620 192, Florida Statutes, the above	named limited partne	ership orga	nized or registered under the laws of the	FL he State of Floridal submits this statement	
for the	purpose of changing its registered office I ani familiar with, and accept the obligat	or registered agent, or both, in the State					
	egistered Agent Accepting Appointment) IERAL PARTNER THA		N LIMITED	DADI	DATE OF OTHER		
AGEN	MU	ST BE REGISTERED	AND ACTIV	ÆWI	TH THIS OFFICE.	IN BUSINESS ENTITY	
11. Nan	ne(s) of General Partner(s)	11a. (Do NOT Use Post Of	leneral Partner fice Box Numbers)	11b.	City, State & Zip Code	11c. Registration/ Document Number	
INN 2000, INC.		-601 BEACHWEW D	-601 BEACHWEW DRIVE		r. Simons Idland Ga	F96000002322	
			613-B BEACHVIEW DRIVE		ISLAND		
					-11/01	99370576 79601022009 78.25 ****576.25	
i					waran.	10,00	
		}	ł			1	

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
INN 2000, INC.	-601 BEACHWEW DRIVE 613-B BEACHVIEW DRIVE	ST. SIMONS IDLAND GA I SLAND	F96000002322
		500001: -11/01, ****57	9937056 9601022009 8.25 ****\$76.25

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 filting is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k), Florida Statutes Trelease 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 accurate and that my signature shall have the same legal effects as if made under eath. I further certify that fam a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes

SIGNATURE -

Typed or Printed Name (General Partner Signing Form (HAROLD E. ZELL

President DATE 10-10-96

Daylinie Telephone Number (912) 638-3449