

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

LIMITED PARTNERSHIP  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

97 DEC 16 PM 12:20

CLERK OF THE COURT  
TALLAHASSEE, FLORIDA



1. Name of Limited Partnership

1a. DOCUMENT #  
A96000000959

AMERICAN PREMIER LODGING, LTD.

Mailing Address

9250 BAYMEADOWS ROAD, SUITE 200  
JACKSONVILLE FL 32256

Principal Office Address

9250 BAYMEADOWS ROAD, SUITE 200  
JACKSONVILLE FL 32256

3. Date Formed or Registered

05/23/1996

5a. Capital Contributions as  
Shown on record.

\$990.00

3a. Date of Last Report

12/27/1996

5b. Amount of Capital  
Contributions in FLORIDA  
to date

4. State or Country of Formation

FL

2. Mailing Address

4314 Pablo Oaks Court

2a. Principal Office Address

4314 Pablo Oaks Court

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

Jacksonville, FL

Zip

32224

Country

Duval

Zip

32224

Country

Duval

6. FEI Number 59-3423563

APPLIED FOR

☐ 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

TOOMEY, MARY A  
9250 BAYMEADOWS ROAD, SUITE 200  
JACKSONVILLE FL 32256

10. If changed, new Registered Agent/Office

Name

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

4314 Pablo Oaks Court

Suite, Apt. #, etc.

City Jacksonville

FL

Zip 32224

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)

LANDCOM HOSPITALITY MANAGEME

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

9250 BAYMEADOWS ROAD, X  
4314 Pablo Oaks

11b. City, State & Zip Code

JACKSONVILLE FL 32256  
32224

11c. Registration/  
Document Number

L22915

200002378262-4  
-12/19/97-01094-020  
\*\*\*165.00 \*\*\*165.00

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

Mary A. Toomey  
Mary A. Toomey

Typed or Printed Name of General Partner Signing Form

DATE

12-10-97  
904-992-3700

Daytime Telephone Number

CR25003 (6/97)