

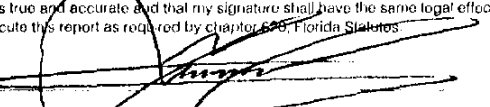


FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 97 OCT -3 AM 11:28	
1. Name of Limited Partnership GALT OCEAN DRIVE LIMITED PARTNERSHIP		1a. DOCUMENT # A96000001555			
Mailing Address 1177 S.E. 3RD AVENUE FORT LAUDERDALE FL 33316		Principal Office Address 1177 S.E. 3RD AVENUE FORT LAUDERDALE FL 33316		3. Date Formed or Registered 08/21/1996	5a. Capital Contributions as Shown on record. \$5,000.00
2. Mailing Address 4240 Galt Ocean Drive		2a. Principal Office Address 4240 GALT OCEAN DR.		3a. Date of Last Report 06/05/1997	5b. Amount of Capital Contributions in FLORIDA to date
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. State or Country of Formation FL	
City & State Ft. Lauderdale FL		City & State FT. LAUDERDALE FL		6. FEI Number 65-0687454	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip Country 33308 USA		Zip Country 33308 USA		7. Certificate of Status Desired <input type="checkbox"/> \$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 PERLOFF, JOHN W ESQ. 1177 S.E. 3RD AVENUE FORT LAUDERDALE FL 33316		10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City 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		
GALT OCEAN DRIVE HOTEL CORP.	1177 S.E. 3RD AVENUE	FORT LAUDERDALE FL 33	P96000067881		
		500002313765--1	-10/07/97--01040--001		
		****156.25	****156.25		
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 609, Florida Statutes.					
SIGNATURE 		DATE September 8, 1997			
Typed or Printed Name of General Partner Signing Form Jack Safer for Galt Ocean Drive Hotel Corp.		Daytime Telephone Number (514) 845-6393			

CR2E003 (6/97)