

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

LIMITED PARTNERSHIP  
ANNUAL REPORT  
1997

A96000002055

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

96 DEC 20 PM 1:18

B/K 12/20/96

1. Name of Limited Partnership

1a. DOCUMENT #

A96000002055

G.B. HOTEL PARTNERS, LTD.

Mailing Address

Principal Office Address

3250 Mary Street  
5th Floor  
Miami, Florida 33133

3250 Mary Street  
5th Floor  
Miami, Florida 33133

3. Date Formed or Registered

11/6/96

5a. Capital Contributions as  
Shown on record.

\$100.00

3a. Date of Last Report

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

\$100.00

4. State or Country of Formation

Florida

2. Mailing Address

2a. Principal Office Address

same as above

same as above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. FEI Number

☒ 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

10. If changed, new Registered Agent/Office

Name

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

Suite, Apt. #, etc.

City

FL

Zip Code

Corporation Service Company  
1201 Hays Street  
Tallahassee, Florida 32301

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

Key Resort, Inc.

3250 Mary Street  
5th Floor

Miami, Florida 33133 P96000089474

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 BY: Key Resort, Inc., General Partner  
*Sherwood M. Weiser*

DATE 12-9-96

Typed or Printed Name of General Partner Signing Form Sherwood M. Weiser

Daytime Telephone Number (305) 445-4258

CR2E003 (6/96)

1201 HAYS STREET  
TALLAHASSEE, FL 32301-2607  
904-222-9171  
904-222-0000 FAX

800-342-8086

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A96000002055



ACCOUNT NO. : 072100000032

REFERENCE : 196758 4303929

AUTHORIZATION : Patricia Pizit

COST LIMIT : \$ 191.25

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SECRETARY OF CORPORATIONS  
DIVISION OF CORPORATIONS  
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ORDER DATE : December 20, 1996

ORDER TIME : 10:22 AM

ORDER NO. : 196758-010

CUSTOMER NO: 4303929

CUSTOMER: Esther J. Forbes, Legal Asst  
Greenberg Traurig Hoffman  
22nd Floor  
1221 Brickell Avenue  
Miami, FL 33131-3238

100002034911-3

ANNUAL REPORT FILING

NAME: G.B. HOTEL PARTNERS, LTD.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Deborah Schroder

EXAMINER'S INITIALS: \_\_\_\_\_

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96 DEC 20 AM 11:22