

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
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 DEC 31 AM 9:59



1. Name of Limited Partnership

1a. DOCUMENT #
A97000000729

TALLAHASSEE HOTEL ASSOCIATES, LTD.

Mailing Address

C/O MARVIN S. ROSEN, ESQ.
222 LAKEVIEW AVE., SUITE 800
WEST PALM BEACH FL 33401

Principal Office Address

C/O MARVIN S. ROSEN, ESQ.
222 LAKEVIEW AVE., SUITE 800
WEST PALM BEACH FL 33401

3. Date Formed or Registered

03/28/1997

3a. Date of Last Report

4. State or Country of Formation

FL

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)

5a. Capital Contributions as
Shown on record.

\$7,500.00

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

7,500.00

2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

9. Name and Address of Current Registered Agent

HOMISCO INCORPORATION, INC.
222 LAKEVIEW AVENUE, SUITE 800
WEST PALM BEACH FL 33401

10. If changed, new Registered Agent/Office

Name

Marvin S. Rosen

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

Ruden, McClosky, Smith, Schuster & Russell, 222 Lakeview Ave.

Suite, Apt. #, etc.

Suite 800

City

West Palm Beach

FL

Zip Code
33401

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)

Marvin S. Rosen

Marvin S. Rosen

DATE 12/22/97

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)

TALLAHASSEE HOTEL, INC.

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

222 LAKEVIEW AVE., SU

11b. City, State & Zip Code

WEST PALM BEACH FL 33

11c. Registration/
Document Number

P97000028458

3000002403749-6
-01/16/98-01/16/98-033
****158.25 ****158.25
1-15

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

Dennis R. Egid

DATE 12/22/97

Typed or Printed Name of General Partner Signing Form

Dennis Egid, President of Tallahassee Hotel, Inc., General Partner (847) 816-6400

CR2E003 (6/97)