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

LIMITED PARTNERSHIP ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

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1998	7.7	cretary of State OF CORPORATION	vs			
1. Name of Limited Partnership	1a. DOCUMENT # A9700001152			97 DEC 17 PM 2:	27 Million dom dom million and and an in	
OYNTON BEACH HOSPITAL	TY, LTD.					
					9£ (3/18	
Aailing Address CO JEFFAGY HANN C			3. Date Formed or Reg stered 05/22/1997	58. Capital Contributions as Shown on record.		
5f5 North Federal Highway, Suite 300 BOCA RATON FL 33432	_1515 NORTH FEDERAL HIG _BOCA_RATON_FL_32432	.1515 NORTH FEDERAL HIGHWAY, SUITE 300 .BOCA RATON FL 33132			\$7,500.00	
				4. State or Country of Formation	5b. Amount of Capital Contributions in FLORIDA to date:	
2. Malling Address	2a. Principal Office Address 1475 W. GATENAY BUG		Bus	FL	7.500	
Suite, Apt. #, etc. City & State	Suite, Apt. #, etc. City & State			6. FEI Number 65- 0794055	Applied For Not Applicable	
Zip Country	Boynton BE	Country		7. Certificate of Status Desireo	\$8.75 Additional Fee Required	
	33426	عن		8. Make check payable to: Dept. of	State (See reverse side for fee information	
9. Name and Address of Currer		10. If changed, new Registered Agent/Office				
HAHN, JEFFREY B 1515 NORTH FEDERAL HIGHWAY, SUITE BOCA RATON FL 33432	87 Sc * A* *No. 188 LINE LINE LAND (SC SC S	Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc.				
BOOM MIONI C 00402		City			FL Zip Code	
10a. Pursuant to the provisions of sections 620 1051 at for the purpose of changing its registered office of agent. I am familiar with, and accept the obligation SIGNATURE (Registered Agent Accepting Appointment). A GENERAL PARTNER THAT MUS	registored agent, or both, in the States of section 620.192, Florida Statutes IS A CORPORATION BE REGISTERED	le of Florida. Such chars. DN, LIMITED AND ACTIV	PART	DATE	e State of Florida, submits this statemen by accept the appointment of registered	
1. Name(s) of General Partner(s)	11a. Address of Each	General Partner Office Box Numbers)	11b.	City, State & Zip Code	11c. Registration/ Document Number	
BOYNTON BEACH HOSPITALITY, I	1515 NORTH FEDER	1515 NORTH FEDERAL HI		A RATON FL 33432	P96000077402	
				200002: -12/23 ****1!	3 7 9 9 6 2 6 /97 01 018 013 56 . 25 **** 156 . 25	
Note: General partners MAY NO	be changed on this	form: an ame	endmei	nt must be filed to cha	nge a general partner.	

12. Ido 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), Frorida Statutes. Froiloase 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 eath. 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, Flokia Statulos

SIGNATURE _ . .

Typed or Printed Name of General Partner Signing Form.

DATE 12/16/97

Daytime Telephone Number 561- 986-0200