

**FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 NOV 30 AM 10:37

1. Name of Limited Partnership HOSPITALITY ASSOCIATES OF TAMPA, LTD.	1a. DOCUMENT # A97000002127
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Mailing Address C/O MILESTONE CAPITAL CORPORATION 2300 W. SAMPLE ROAD, SUITE 208 POMPANO BEACH FL 33073	Principal Office Address C/O MILESTONE CAPITAL CORPORATION 2300 W. SAMPLE ROAD, SUITE 208 POMPANO BEACH FL 33073	3. Date Formed or Registered 09/30/1997	5a. Capital Contributions as Shown on record. \$1,137,856.00
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country		3a. Date of Last Report 12/26/1997	
2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country		4. State or Country of Formation FL	
		6. FEI Number 65-0785663	
		7. Certificate of Status Desired <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
		8. Make check payable to: Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent MEDNICK, SANDER ESQ. C/O MILESTONE CAPITAL CORPORATION 2300 W. SAMPLE ROAD, SUITE 208 POMPANO BEACH FL 33073	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City State FL Zip 33073
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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) *[Signature]* DATE **11/27/98**

**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
MILESTONE TAMPA MANAGEMENT,	2300 W. SAMPLE ROAD,	POMPANO BEACH FL 3307	P97000084467
000002706130--8 -12/08/98--01048--022 *****526.25 *****526.25			

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 620, Florida Statutes.

SIGNATURE *[Signature]* DATE **11/27/98**

Typed or Printed Name of General Partner Signing Form **SANDER MEDNICK** Daytime Telephone Number **954-975-7735**

CR2E003 (6/98)