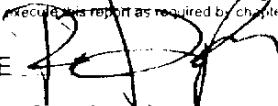


FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Sandra B. Mcrtham Secretary of State DIVISION OF CORPORATIONS	
1. Name of Limited Partnership: RDP ROYAL PALM HOTEL LIMITED PARTNERSHIP		1a. DOCUMENT # A97000002262	
2. Mailing Address: 100 S.E. 2ND STREET SUITE 4650 MIAMI FL 33131		2a. Principal Office Address: 100 S.E. 2ND STREET SUITE 4650 MIAMI FL 33131	
3. Date Form for Registered Agent: 10/20/1997		3a. Date of Last Report: 04/28/1998	
4. State or Country of Formation: FL		5a. Capital Contributions as Shown on Record: \$8,876,700.00	
6. FEI Number: 65-0830055		5b. Amount of Capital Contributions in FEI (CICA) to date: \$8,999,400.00	
7. Certificate of Status Desired: ☐ Applied For ☒ Not Applicable		8. Make check payable to Dept. of State (See reverse side for fee information): \$8.75 Additional Fee Required	
9. Name and Address of Current Registered Agent: INTRASTATE REGISTERED AGENT CORPORATION 701 BRICKELL AVENUE, SUITE 3000 MIAMI FL 33131		10. If changed, new Registered Agent Office: Name: Street Address (P.O. Box Number is Not Acceptable): Suite, Apt. #, etc.: City: State: 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): 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): PADC HOSPITALITY CORPORATION	11a. Address of Each General Partner (Do NOT Use Post Office Box Number): 100 S.E. 2ND STREET, Suite #4650	11b. City, State & Zip Code: MIAMI FL 33131	11c. Registration Document Number: P97000087440
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 disclosed except for public access. I further certify that the information made 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:  Typed or Printed Name of General Partner, Signing Form: R. Donahue Pochales		DATE: 11/30/98 Daytime Telephone Number: 305-995-5330	

SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 MAY -7 AM 11:32



CR2E003 (8/98)