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

٠	L'IMITED PARTNERSHIF
	, ANNUAL REPORT
	1999



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

FILED

1999	DIVISION OF CO	ORPORATIONS	98 NOV 26 PF	1 4: 30				
1. Name of Limited Partnership 1a. DOCUMENT # A9700002599		ENT # 599	SECRETARY OF TALLAHASSEE.					
MIAMI HOTEL INVESTMENTS,	1 1 2 2 1 2 1 2 1 2 1 2 1 2 2 2 2 2 2 2							
Mailing Address	Principal Office Address		3. Date Formed or Registered	5a. Capital Contributions as,				
1050 N.W. 14TH STREET MIAMI FL 33136	1050 N.W. 14TH STREET MIAMI FL 33136		12/02/1997 3a. Date of Last Report 05/07/1998 4. State or Country of Formation	5b. Imount of Capital Contributions in FLORIDA				
2. Mailing Address	2. Mailing Address 2a. Principal Office Address			\$ 540,000				
Suite, Apt. #, etc.	Suite, Apt. #, etc.			797/ Applied For Not Applicable				
City & State	City & State	<u> </u>	7. Certificate of Status Desired	\$8.75 Additional				
Zip Country	Zip	Country	8. Make check payable to: Dept. of S	Fee Required tate (See reverse side for fee information)				
9. Name and Address of Current F	Registered Agent		10. If changed, new Registered	Agent/Office				
BROWN, GARY L ESQ.		Name						
20803 BISCAYNE BLVD., SUITE 200		Street Address (P.O. Box Number Is Not Acceptable)						
AVENTURA FL 33180	Suite, Apt. #, etc.							
		-		FL				
for the purpose of changing its registered office or reg	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 I MUST	S A CORPORATION, L BE REGISTERED AND	IMITED PART ACTIVE WI	TNERSHIP OR OTHER TH THIS OFFICE.	R BUSINESS ENTITY				
11. Name(s) of General Partner(s)	11a. Address of Each General (Do NOT Use Post Office Box	Partner 11b.	City, State & Zip Code	11c. Registration/ Document Number				
MIAMI HOTEL INVESTMENTS G.P.	1050 N.W. 14TH STREET	MIA	AMI FL 33136	P97000101518 (80%) 8003				
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Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.								
12. Ido hereby certify that the information supplied with this corporations from any liability of non-compliance with Sits annual report is tog and accurate and that my signs.	ection 119.07(3)(k) in the event that the info	rmation supplied is deem	ed exempt from public access. I further c	ertify that the information indicated on				

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Daytime Telephone Number

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