

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. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 FEB 13 PM 12:51

1. Name of Limited Partnership

Innkeepers at
Sunrise, Ltd.

1a. DOCUMENT #
A98000000043

Mailing Address

Principal Office Address

3. Date Formed or Registered

12/31/97

5a. Capital Contributions as
Shown on record

1,000.00

3a. Date of Last Report

initial

5b. Amount of Capital
Contributions in FLORIDA
to date

1,000.00

4. State or Country of Formation

Florida

2. Mailing Address

1000 Ridgeway Loop Road

2a. Principal Office Address

1000 Ridgeway Loop Road

Suite, Apt. #, etc.

Suite 320

Suite, Apt. #, etc.

Suite 320

City & State

Memphis, Tennessee

City & State

Memphis, Tennessee

Zip Country

38120 USA

Zip Country

38120 USA

6. FEI Number

applied for



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)

9. Name and Address of Current Registered Agent

Robert Kamm
c/o Sandestin Beach Hilton
4000 Sandestin Blvd., South
Destin, FL 32541

10. If changed, new Registered Agent/Office

Name

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

200002434092---7

Suite, Apt. #, etc.

-02/18/98--01053--009

City

****141.25

FL

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)

DATE

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)

Managers at Sunrise, Inc.

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

1000 Ridgeway Loop Rd.
Suite 320

11b. City, State & Zip Code

Memphis, TN 38120

11c. Registration/
Document Number

P97000108183

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

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)(x), 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 By:

Frank Hanft Jr. Pres.

DATE

1/28/98

Typed or Printed Name of General Partner Signing Form Managers at Sunrise, Inc.

Daytime Telephone Number (901) 681-9181

CR2E003 (6/97)