



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		FILED 98 DEC 23 PM 4: 30 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
1. Name of Limited Partnership JAX INN VILLA ASSOCIATES, LTD.		1a. DOCUMENT # A98000000113			
Mailing Address ONE EXECUTIVE BLVD., SUITE 105 A SUFFERN NY 10901		Principal Office Address 5865 ARLINGTON EXPRESSWAY JACKSONVILLE FL 32211		3. Date Formed or Registered 01/12/1998	
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country		2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country		3a. Date of Last Report 4. State or Country of Formation FL	
				5a. Capital Contributions as Shown on record. \$2,400,000.00	
				5b. Amount of Capital Contributions in FLORIDA to date: 2,400,000.00	
				6. FEI Number 59-3486421	
				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				7. Certificate of Status Desired <input type="checkbox"/> \$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 GREGG, TERRIL 5865 ARLINGTON EXPRESSWAY JACKSONVILLE FL 32207				10. If changed, new Registered Agent/Office Name Sophie Edwards Street Address (P.O. Box Number is Not Acceptable) 5865 Arlington Expressway Suite, Apt. #, etc. City Jacksonville FL Zip Code 32211	
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) <i>Sophie Edwards</i> DATE 12/17/98					
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) J.X.G.H. EQUITY CORP.		11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 5865 ARLINGTON EXPRES		11b. City, State & Zip Code JACKSONVILLE FL 32211	
				11c. Registration/Document Number P98000001364	
				3000002740163-4 -01/13/99-01072-0199 ****526.25 ****526.25 T.J.C.	
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 <i>B. J. J. G. H. Equity Corp. G.P.</i> DATE 12/17/98					
Typed or Printed Name of General Partner Signing Form Daytime Telephone Number					

CR2E003 (8/98)