

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 30 PM 2: 32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



1. Name of Limited Partnership	1a. DOCUMENT # A98000001333
CARDEL-MIBP HOTEL, LTD.	99-AP/43 CM

Mailing Address 2300 CORAL WAY, SUITE 111 MIAMI FL 33145	Principal Office Address 2300 CORAL WAY, SUITE 111 MIAMI FL 33145	3. Date Formed or Registered 05/28/1998	5a. Capital Contributions as Shown on record. \$1,000,000.00
2. Mailing Address	2a. Principal Office Address	3a. Date of Last Report N/A	5b. Amount of Capital Contributions in FLORIDA to date: 1,000,000
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. State or Country of Formation FL	6. FEI Number 65-0840106
City & State	City & State	7. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip	Country	8. Make check payable to: Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent DADE CORPORATE SERVICES, INC. 2300 CORAL WAY, SUITE 103 MIAMI FL 33145	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code
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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) Lillian Williams, Pres. DATE 12/29/98

**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) CARDEL-MIBP HOTEL, L.C.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 2300 CORAL WAY, SUITE	11b. City, State & Zip Code MIAMI FL 33145	11c. Registration/ Document Number L98000000700
000002727210--3			

**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 CARLOS RODRIGUEZ, MGRM DATE 12/29/98  
Typed or Printed Name of General Partner Signing Form Daytime Telephone Number 3058585558

CR2E003 (8/98)

A 98 000001333



ACCOUNT NO. : 072100000032

REFERENCE : 083322 7139083

AUTHORIZATION :

*Patricia P. [Signature]*

COST LIMIT : \$ 535.00

ORDER DATE : December 30, 1998

ORDER TIME : 2:46 PM

ORDER NO. : 083322-045

CUSTOMER NO: 7139083

CUSTOMER: Linda Larrea, Esq  
Larrea & Ortega  
Suite 111  
2300 Coral Way  
Miami, FL 33145

FILED  
98 DEC 30 PM 2:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ANNUAL REPORT FILING

FILED  
98 DEC 30 PM 3:36  
OFFICE OF CORPORATION

NAME: CARDEL-MIBP HOTEL, LTD

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
XX        CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Cassandra Lamm

EXAMINER'S INITIALS: \_\_\_\_\_