


**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	
1. Name of Limited Partnership APALACHICOLA INNS, LTD.		1a. DOCUMENT # A98000002403	
Mailing Address 4201 Collins Avenue #1003 Miami Beach, FL 33140		Principal Office Address 4201 Collins Avenue #1003 Miami Beach, FL 33140	
2. Mailing Address 4201 Collins Avenue Suite, Apt. #, etc. #1003 Miami Beach, FL 33140		2a. Principal Office Address 4201 Collins Avenue Suite, Apt. #, etc. #1003 Miami Beach, FL 33140	
3. Date Formed or Registered October 19, 1998		5a. Capital Contributions as Shown on record \$1,000,000.00	
3a. Date of Last Report N/A		5b. Amount of Capital Contributions in FLORIDA to date 500,000.00	
4. State or Country of Formation Florida		6. FEI Number 65-0871517	
7. Certificate of Status Desired <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable		8. Make check payable to: Dept. of State (See reverse side for fee information)	
9. Name and Address of Current Registered Agent Lynn Wilson 4201 Collins Avenue #1003 Miami Beach, FL 33140		10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is not acceptable) 300002837143--0 Suite, Apt. #, etc. -04/12/99--01145--017 City ****526.25 ****526.25 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) <i>Lynn Wilson</i> DATE 12-28-98			
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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number
Coombs House Management, Inc.	4201 Collins Ave. #1003	Miami Beach, FL 33140	P98000086920
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>Lynn Wilson</i> , President DATE 12-28-98			
Typed or Printed Name of General Partner Signing Form Lynn Wilson, President Daytime Telephone Number (305) 442-4041			

FILED
99 APR -1 PM 2:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E003 (8/98)