


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. Morham Secretary of State DIVISION OF CORPORATIONS
1. Name of Limited Partnership		1a. DOCUMENT # B92000000001	
LAKE PARK FLORIDA HOTEL LIMITED PARTNERSHIP			
Mailing Address C/O ASHFORD FINANCIAL CORPORATION 14100 DALLAS PARKWAY, SUITE 810 DALLAS TX 75240		Principal Office Address 1025 NORTH FEDERAL HIGHWAY LAKE PARK FL	
2. Mailing Address		2a. Principal Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip Country		Zip Country	
		3. Date Formed or Registered 11/16/1992	
		3a. Date of Last Report 12/27/1996	
		4. State or Country of Formation DE	
		5a. Capital Contributions as Shown on record. \$246,674.00	
		5b. Amount of Capital Contributions in FLORIDA to date. 333,523	
		6. FEI Number 65-0368116 <input type="checkbox"/> Applied For <input checked="" 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)			

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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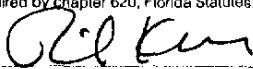


9. Name and Address of Current Registered Agent		10. If changed, new Registered Agent/Office	
THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET STE. 105 TALLAHASSEE FL 32301		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code	
10a. Pursuant to the provisions 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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number
LAKE PARK FLORIDA HOTEL CORP	1025 NORTH FEDERAL HI	LAKE PARK FL	F92000000253
		200002419582---6 -02/03/98--01045--008 ***541.25 ***541.25	
		KWM	

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



DATE **12-1-92**

Typed or Printed Name of General Partner Signing Form

David Kimichik

Daytime Telephone Number **922-490-9600**

CR2E003 (6/97)