

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

SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 DEC 29 PM 3:26

1. Name of Limited Partnership

1a. DOCUMENT #
B92000000001

LAKE PARK FLORIDA HOTEL LIMITED PARTNERSHIP



Mailing Address

Principal Office Address

C/O ASHFORD FINANCIAL CORPORATION
14180 DALLAS PARKWAY, SUITE 810
DALLAS TX 75240

1025 NORTH FEDERAL HIGHWAY
LAKE PARK FL

3. Date Formed or Registered

11/16/1992

5a. Capital Contributions as
Shown on record.

\$333,523.00

3a. Date of Last Report

01/26/1998

4. State or Country of Formation

DE

5b. Amount of Capital
Contributions in FLORIDA
to date:
951,291

2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. FEI Number

65-0368116

☐ 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

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
STE. 105
TALLAHASSEE FL 32301

10. If changed, new Registered Agent/Office

Name

Sabas

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

300002732993--4

Suite, Apt. #, etc.

-01/07/99-01039-003

City

***2276.25 ***526.25
FL

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

[Signature]

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

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

[Signature]

DATE

12-21-98

Typed or Printed Name of General Partner Signing Form

David Kinichik

Daytime Telephone Number

872-490-9600

CR2E003 (8/98)