

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. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
97 DEC 29 PM 3:43

1. Name of Limited Partnership
**1a. DOCUMENT #
B93000000429**



LANTANA FLORIDA HOTEL LIMITED PARTNERSHIP

Mailing Address C/O ASHFORD FINANCIAL CORPORATION 14180 DALLAS PARKWAY STE 810 DALLAS TX 75240		Principal Office Address 1255 HYPOLUX ROAD 113TH CT. LANTANA FL 33462		3. Date Formed or Registered 10/12/1993	5a. Capital Contributions as Shown on record. \$291,768.00
2. Mailing Address		2a. Principal Office Address		3a. Date of Last Report 12/27/1996	5b. Amount of Capital Contributions in FL ORIDA to date (74,380)
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. State or Country of Formation DE	
City & State		City & State		6. FEI Number 65-0441139	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip Country		Zip Country		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 THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET STE. 105 TALLAHASSEE FL 32301		10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City	
		300002398559--2 -01/13/98--01076--022 ***541.25 ***541.25 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 _____

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) FLORIDA HOTEL I CORP.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 3835 MCCOY ROAD	11b. City, State & Zip Code ORLANDO FL 32812	11c. Registration/Document Number F93000003845
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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 *David Kinichik* DATE **12-1-97**
Typed or Printed Name of General Partner Signing Form **David Kinichik** Daytime Telephone Number **972-490-9600**

CR2EC03 (6/97)