

FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

FILED

97 FEB 10 AM 11:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Name of Limited Partnership		1a. DOCUMENT # B93000000489	
PENSACOLA FLORIDA HOTEL LIMITED PARTNERSHIP 97-AR CM			
Mailing Address		Principal Office Address	
14180 DALLAS PARKWAY, STE 810 DALLAS, TEXAS 75240		410 N PALAFAX STREET PENSACOLA, FLORIDA	
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 11/12/93		5a. Capital Contributions as Shown on record 318,103	
3a. Date of Last Report 1/02/96		5b. Amount of Capital Contributions in FLORIDA to date 78,699	
4. State or Country of Formation DE		6. FEI Number 59-3192495 <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)	

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, FLORIDA 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
FLORIDA HOTEL CORPORATION	3835 MCCOY RD	ORLANDO FL	F93000003845 5108 500002091465--6 -02/19/97--01010--025 *****576.25 *****576.25

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 Kimichik

DATE

12/23/96

Typed or Printed Name of General Partner Signing Form

DAVID KIMICHK, VP/TREAS.

Daytime Telephone Number 972-490-9600

FLORIDA HOTEL I CORPORATION

CR2E003 (6/96)