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

1a. DOCUMENT# B93000000515 SECRETARY OF STATE

98 DEC 31 PM 1:54

BSS CAPITAL PARTNERS, LIMITED PARTNERSHIP			
Mailing Address THREE PICKWICK PLAZA, STE. 250 GREENWICH CT 06830	Principal Office Address THREE PICKWICK PLAZA, STE. 250 GREENWICH CT 06830	3. Date Formed or Registered 11/29/1993 3a. Date of Last Report 02/05/1998	5a. Capital Contributions as Shown on record.
2. Mailing Address	2a. Principal Office Address	4. State or Country of Formation DE	5b. Amount of Capital Contributions in FLORIDA to date:
Suite, Apt. #, etc. City & State	Suite, Apt. #, etc.	6. FEI Number 36-3893164	Applied For Not Applicable
Zip Country	Zip Country	7 - Certificate of Status Desired 8. Make check payable to: Dept. of	\$8.75 Additional Fee Required State (See reverse side for fee information)
9. Name and Address of	Current Registered Agent Name	10. If changed, new Registere	d Agent/Office

Name and Address of Current Registered Agent	10. If changed, new Registered Agent/Office	
C T CORPORATION SYSTEM	Name	
1200 SOUTH PINE ISLAND ROAD	Street Address (P.O. Box Number Is Not Acceptable)	
PLANTATION FL 33324	Sulte, Apt. #, etc.	
	City FL Zip Code	
10a Pursuant to the provisions of sections 620 1051 and 620 192. Florida Statutes, the abo	ave-named limited partnership graphized or registered under the laws of the State of Florida submits this statement	

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. (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
STERNLICHT HOLDINGS II, INC.	THREE PICKWICK PLAZA,	GREENWICH CT 06830	F96000005790
		600002 -01/20 ****1	7471251 /9901020002 41.25 ****141.25

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. 15 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 emigravered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE SEE OF TACKED SUGARTIME STOOL
Typed or Printed Name of General Partner Signing Form

_ Daytime Telephone Number_

(000)

ATTACHED SHEET FOR BSS CAPITAL PARTNERS, LIMITED PARTNERSHIP

BSS Capital Partners, L.P. a Delaware limited partnership

Ву:

Sternlicht Holdings II, Inc. a Delaware Corporation it's General Partner

Bv:

MADISON GROSE -EXECUTIVE VICE PRESIDENT