

**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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

99 JAN -5 PM 1:45

1. Name of Limited Partnership  DAYTONA HILTON INVESTORS, LTD.	1a. DOCUMENT # <b>B94000000030</b>
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Mailing Address <del>25 CENTRAL WAY, #400</del> KIRKLAND WA 99033	Principal Office Address <del>25 CENTRAL WAY, #400</del> KIRKLAND WA 98033	3. Date Formed or Registered 02/02/1994	5a. Capital Contributions as Shown on record. <b>\$2,187,500.00</b>
2. Mailing Address <b>570 KIRKLAND WAY</b>	2a. Principal Office Address <b>570 KIRKLAND WAY</b>	3a. Date of Last Report 12/15/1997	5b. Amount of Capital Contributions in FLORIDA to date: — 0 —
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. State or Country of Formation DE	6. FEI Number 59-3306570
City & State	City & State	7. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	8. Make check payable to: Dept. of State (See reverse side for fee information)
Zip	Country	Zip	Country

9. Name and Address of Current Registered Agent  CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is not acceptable) Suite, Apt. #, etc. City Zip Code
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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 1/14/98

**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
DHI RESORT CORP.	25 CENTRAL WAY, #400	KIRKLAND WA 98033	F94000000515

**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 By: DHI RESORT CORP ITS GENERAL PARTNER BY: MICHAEL J. BENECKE ITS TREASURER DATE 12/29/98

Typed or Printed Name of General Partner Signing Form MICHAEL J. BENECKE Daytime Telephone Number 425-827-8737

CR2E003 (8/98)