

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

FILED

96 DEC 31 PM 1:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2/17

LIMITED PARTNERSHIP ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra Mortham Secretary of State DIVISION OF CORPORATIONS
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1. Name of Limited Partnership ST. PETERSBURG FLORIDA HOTEL LIMITED PARTNERSHIP	1a. DOCUMENT # B94000000288
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2. Mailing Address 14180 DALLAS PARKWAY, STE 810 DALLAS, TEXAS 75240	2a. Principal Office Address 333 1st STREET SOUTH ST. PETERSBURG, FLORIDA 33701	3. Date Formed or Registered 7/20/94	5a. Capital Contributions as Shown on record 4,954,450
Suite, Apt #, etc.	Suite, Apt #, etc.	3a. Date of Last Report 12/31/95	5b. Amount of Capital Contributions in FLORIDA to date 891,000
City & State	City & State	4. State or Country of Formation DE	6. FEI Number 65-0507400
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, FLORIDA 32301

10. If changed, new Registered Agent/Office

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
FGS FLORIDA HOTEL CORPORATION	14180 DALLAS PKWY	DALLAS, TEXAS 75240	F94000003802

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 -01/08/97--01Q38--023
 *****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 KIMICHIK, VP/TREAS. Daytime Telephone Number 972-490-9600

CR2E003 (6/96)