

**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

98 DEC 29 PM 2: 53

<b>1.</b> Name of Limited Partnership	<b>1a.</b> DOCUMENT # <b>B94000000288</b>
<b>ST. PETERSBURG FLORIDA HOTEL LIMITED PARTNERSHIP</b>	



<b>Mailing Address</b> 333 1ST ST. S. ST PETERSBURG FL 33701	<b>Principal Office Address</b> C/O ASHFORD FINANCIAL CORPORATION 14180 DALLAS PKWY., STE. 810 DALLAS TX 75240	<b>3.</b> Date Formed or Registered 07/20/1994	<b>5a.</b> Capital Contributions as Shown on record. \$5,973,451.00
<b>2.</b> Mailing Address	<b>2a.</b> Principal Office Address	<b>3a.</b> Date of Last Report 02/03/1998	<b>5b.</b> Amount of Capital Contributions in FLORIDA to date: 5,973,451.00
Suite, Apt. #, etc.	Suite, Apt. #, etc.	<b>4.</b> State or Country of Formation DE	<b>6.</b> FEI Number 65-0507400 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
City & State	City & State	<b>7.</b> Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	<b>8.</b> Make check payable to: Dept. of State (See reverse side for fee information)
Zip Country	Zip Country		

<b>9.</b> Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET, SUITE 105 TALLAHASSEE FL 32301	<b>10.</b> If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City 700002733037--5 01/07/99-01039-009 ***526.FL***526.25
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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 \_\_\_\_\_

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY  
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

<b>*11.</b> Name(s) of General Partner(s)	<b>11a.</b> Address of Each General Partner (Do NOT Use Post Office Box Numbers)	<b>11b.</b> City, State & Zip Code	<b>11c.</b> Registration/ Document Number
FGS FLORIDA HOTEL CORP.	14180 DALLAS PKWY.	DALLAS TX 75240	F94000003802

**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 \_\_\_\_\_ DATE 12-21-98

Typed or Printed Name of General Partner Signing Form David Kinichik

Daytime Telephone Number 972-990-9600

CR2E003 (8/98)