

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

FILED

97 JAN -3 PM 4:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Handwritten initials



LIMITED PARTNERSHIP
ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra Mortham
Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

1a. DOCUMENT #
B94000000358

CITRUS HOTEL ASSOCIATES LIMITED PARTNERSHIP



Mailing Address

C/O GINN-MARVIN
220 MAIN MALL ROAD
SOUTH PORTLAND ME 04106

Principal Office Address

C/O BAKER & HOSTETLER
P.O. BOX 112
ORLANDO FL 32802

3. Date Formed or Registered

09/02/1994

5a. Capital Contributions as Shown on record

\$250,000.00

3a. Date of Last Report

01/12/1996

5b. Amount of Capital Contributions in FLORIDA to date:

2. Mailing Address

C/O New Atlantic Hotels

Suite, Apt. #, etc.

1 Union St Suite 301

City & State

Portland ME

Zip

04101

Country

2a. Principal Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. State or Country of Formation

ME

6. FLI Number

01-0493638

Applied For
 Not Applicable

7. Certificate of Status Desired

\$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

A.G.C. CO
C/O BAKER & HOSTETLER
200 S. ORANGE AVE., SUITE 2300
ORLANDO FL 32801

10. If changed, now 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 1001 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)

SIBLEY, HARPER III
QUARTZ ISLAND, INC.

11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)

1 UNION ST. SUITE 301
365 BLACK POINT ROAD

11b. City, State & Zip Code

PORTLAND ME 04101
SCARBOROUGH ME 04074

11c. Registration/Document Number

F94000004569

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-01/15/97--01032--002
****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

Typed or Printed Name of General Partner Signing Form

Harper Sibley III

DATE

2/27/96

Daytime Telephone Number

207-774-5512

CR2003 (6/96)