



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 NOV 30 PM 3:17	
1. Name of Limited Partnership		1a. DOCUMENT # B95000000279			
LAKELAND HOTEL PARTNERS, LIMITED PARTNERSHIP					
Mailing Address 4141 SOUTH FLORIDA AVENUE LAKELAND FL 33813		Principal Office Address 32 LOOCKERMAN SQUARE, SUITE L-120 DOVER DE 19904		3. Date Formed or Registered 08/02/1995	
				3a. Date of Last Report 01/02/1998	
2. Mailing Address		2a. Principal Office Address		4. State or Country of Formation DE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		6. FEI Number 59-3328389	
City & State		City & State		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
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 DECKER, JAMES E 4141 SOUTH FLORIDA AVENUE LAKELAND FL 33813		10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number) Suite, Apt. #, etc. City			
		306002706952-3 -12/09/98--01024--023 ****526.25 ****526.25 FL 33813			
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	
DECKER, JAMES E		4141 SOUTH FLORIDA AV		LAKELAND FL 33813	
				11c. Registration/ Document Number	
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		James Decker		DATE 11/24/98	
Typed or Printed Name of General Partner Signing Form		Daytime Telephone Number		9416473000	

CR2E003 (8/98)