

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

**LIMITED PARTNERSHIP
ANNUAL REPORT
1997**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 JAN -6 AM 10:05

mtu
1/14



1. Name of Limited Partnership

1a. DOCUMENT #
B96000000032

COURTYARD II ASSOCIATES, LIMITED PARTNERSHIP

Mailing Address

10400 FERNWOOD ROAD
BETHESDA MD 20817

Principal Office Address

10400 FERNWOOD ROAD
BETHESDA MD 20817

3. Date Formed or Registered

01/12/1996

5a. Capital Contributions as
Shown on record

\$31,683,788.00

3a. Date of Last Report

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

4. State or Country of Formation

DE

2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip
20817-1109

Country

Zip
20817-1109

Country

6. FEI Number

52-1955662

☐ 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

~~---61 CORPORATION SYSTEM---~~
~~---1200 SOUTH PINE ISLAND ROAD---~~
~~---PLANTATION FL 33324---~~

10. If changed, new Registered Agent/Office

Name
The Prentice-Hall Corporation System, Inc.
Street Address (P.O. Box Number Is Not Acceptable)
110 North Magnolia Street
Suite, Apt. #, etc.
City
Tallahassee FL Zip Code
32301

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

Change of Agent done on 9/04/96

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

COURTYARD II ASSOCIATES MANA
COURTYARD BY MARRIOTT II LTD

10400 FERNWOOD ROAD
10400 FERNWOOD ROAD

BETHESDA MD 20817
BETHESDA MD 20817

F96000000225
A25370

100002059661--4
-01/16/97--01007--024
****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

Susan E. Wallace

DATE

DEC 13 1996

Typed or Printed Name of General Partner Signing Form **Susan E. Wallace, Asst. Secretary** Daytime Telephone Number _____