

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

FILED

96 NOV -4 PM 3: 14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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	1a. DOCUMENT # B96000000252
GRANDVIEW HOTEL LIMITED PARTNERSHIP 97-AR CM	



Mailing Address 383 EAST LEFFEL LANE SPRINGFIELD OH 45505-4746	Principal Office Address 383 EAST LEFFEL LANE SPRINGFIELD OH 45505-4746
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3. Date Formed or Registered 07/02/1996	5a. Capital Contributions as Shown on record. \$31,671,000.00
3a. Date of Last Report N/A - first report	
4. State or Country of Formation OH	5b. Amount of Capital Contributions in FLORIDA to date. 828,942

2. Mailing Address 207 GRANDVIEW DRIVE FT. MITCHELL, KY 41017 USA	2a. Principal Office Address 207 GRANDVIEW DRIVE FT. MITCHELL, KY 41017 USA
Zip 41017	Country USA

6. FEI Number 61-1301288	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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) fcc 576.25	

9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324
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10. If changed, new Registered Agent/Office
Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, etc. 700002004227-4
City 11/14/96--01029--007 ***576.25 FL ***576.25

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.

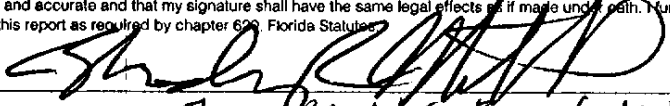
SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____

**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
GRANDVIEW HOTEL CORPORATION	GREATER CINCINNATI IN ^{OK}	HEBRON KY 41048 ^{OK}	F96000003366

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 **10/30/96**

Typed or Printed Name of General Partner Signing Form **Theodore R. Michel, Sec. Treasurer, Grandview Hotel Corporation** Daytime Telephone Number **606-331-0091**

CR2E003 (6/96)