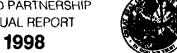
FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

98 JAN -5 PM 3: 22

Name of Limited Partnership	B96000000	000000252				
RANDVIEW HOTEL LIMITED	PARTNERSHIP]	1871) BENY BENY BENY BENYE 1884, BINYE 1841	
Mailing Address	Principal Office Address	· 		3. Date Formed or Registered	5a. Capital Contributions as Shown on record.	
207 GRANDVIEW DRIVE 383 EAST LEFFEL LANE FT. MITCHELL KY 41017 SPRINGFIELD OH 45505-4746			07/02/1996 3a. Date of Last Report 11/04/1996		\$31,671,000.00	
2. Mailing Address	28. Principal Office Address	····		4. State or Country of Formation	5b. Amount of Capital Contributions in FLORIDA to date 86 8 6 3 9	
Suite, Apt. #, etc.	Suite, Apt. #, etc.			6. FEI Number	Applied For	
City & State	City & State			61-1301288 7. Certificate of Status Desired	\$8.75 Additional Fee Required	
Zip Country	Ζφ	7ip Country		8. Make check payable to Dept. of State (See reverse side for fee information)		
9. Name and Address of Current Registered Agent		10. If changed, new Registered Agent/Office				
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Api. #, etc.				
agent. I am familiar with, and accept the obligation SIGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THAT	IS A CORPORATION, I	LIMITED	PART			
MUS' 11. Name(s) of General Partner(s)	T BE REGISTERED AN	.15	/E WI 11b.	TH THIS OFFICE. City, State & Zip Code	11c. Registration/	
GRANDVIEW HOTEL CORPORATION	11a. (Do NOT Use Post Office flox Numbers) GREATER CINCINNATI IN		HEBRON KY 41048		F9600003366 (-/(C	
•		ļ				
Note: General partners MAY NOT	be changed on this form	n: an ame	endme	ent must be filed to che	ange a general partner.	
12. I do hereby certify that the information supplied with the Corporations from any liability of non-compliance with this annual report is true and accurate and that my sign empowered to execute this report as required by characteristics.	his filing is voluntarily furnished and does not Section 119 07(3)(k) in the event that the ingnature shall have the same logal effects as given \$20. Fig. of Statutes	of qualify for the oformation supp	exemption	stated in Section 119.07(3)(k), Florida med exempt from public access. I furth	Statutes. I release the Division of or certify that the information indicated on	
Typed or Printed Name of General Partner Signing Form .	THEODURE R. WITCHEL SECRETARY/TREASURER CRANDVIEW HOTEL CORPORATE	ON		Daytime Telephone Number	606 331 0091	
				·		