

**FILE ON OR BEFORE APRIL 9, 1997 TO AVOID REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP  
ANNUAL REPORT  
**1997**



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
97 FEB 28 AM 10: 04

1. Name of Limited Partnership

1a. DOCUMENT #  
**B96000000303**

**BOYKIN HOTEL PROPERTIES, L.P.**



Mailing Address  
50 PUBLIC SQUARE, SUITE 1500  
CLEVELAND OH 44113

Principal Office Address  
50 PUBLIC SQUARE, SUITE 1500  
CLEVELAND OH 44113

3. Date Formed or Registered  
08/05/1996

5a. Capital Contributions as Shown on record.  
**\$22.00**

3a. Date of Last Report

4. State or Country of Formation  
**OH**

5b. Amount of Capital Contributions INFLORIDA to date:

2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

6. FEI Number  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

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, Apt. #, etc.

City

**FL**

Zip Code

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

~~BOYKIN LODGING TRUST, INC.~~ Amend 8-16-94

BOYKIN LODGING COMPANY

50 PUBLIC SQUARE, SUITE

CLEVELAND OH 44113

F96000003605

500002104255--6  
-03/05/97--01003--002  
\*\*\*156.25 \*\*\*156.25

New Fees

**KWM**

**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

Raymond P. Heitland

Sp. Vice President - Finance 2/24/97  
of B.P.

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

CR2E003 (11/96)