

**FILE ON OR BEFORE APRIL 8, 1998 TO AVOID
REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP
ANNUAL REPORT
1998



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 FEB 20 PM 12:16

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
2. Mailing Address		2a. Principal Office Address		3a. Date of Last Report 02/28/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. State or Country of Formation OH	5b. Amount of Capital Contributions in FLORIDA to date:
City & State		City & State		6. FEI Number 34-1779510	
Zip Country		Zip Country		7. Certificate of Status Desired <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	8. Make check payable to: Dept. of State (See reverse side for fee information)
				8. Make check payable to: Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		10. If changed, new Registered Agent/Office Name 200002447232-4 Street Address (P.O. Box Number if No. Acceptable) -03/04/98--01098--006 Suite, Apt. #, etc. ****141.25 ****141.25 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 COMPANY	50 PUBLIC SQUARE, SUI	CLEVELAND OH 44113	F96000003605

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 Sr. V.P.-Finance of Gen'l Ptnr. DATE _____

CR2E003 (12/97)