


**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
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 FEB -3 AM 8:18

1. Name of Limited Partnership Crestview Motel, Ltd.	1a. DOCUMENT # B96000000473
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Mailing Address P. O. Box 5566 Dothan, AL 36302	Principal Office Address 2733 Ross Clark Circle Dothan, AL 36301	3. Date Formed or Registered December 10, 1996	5a. Capital Contributions as Shown on record. 
		3a. Date of Last Report N/A	5b. Amount of Capital Contributions in FLORIDA to date: -0-
2. Mailing Address P. O. Box 5566 Suite, Apt. #, etc.	2a. Principal Office Address 2733 Ross Clark Circle Suite, Apt. #, etc.	4. State or Country of Formation Alabama	6. FEI Number 59-2298679
City & State Dothan, AL	City & State Dothan, AL	7. Certificate of Status Desired	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
Zip 36302	Zip 36301	8. Make check payable to: Dept. of State (See reverse side for fee information)	\$8.75 Additional Fee Required

9. Name and Address of Current Registered Agent CT Corporation 1200 S. Pine Island Road Plantation, Florida 33324	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is for Agent's Office) Suite, Apt. #, etc. City
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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
Crestview Motel, Inc.	3500 Eastern Blvd.	Montgomery, AL 36116	F9600006444
LHR Crestview, Inc.	273 Ross Clark Cir.	Dothan, AL 36301	F96000006348

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 **12-31-96**

Typed or Printed Name of General Partner Signing Form **Larry Blumberg, President** Daytime Telephone Number **(334) 793-6855**

CR2E003 (6/96)