

FILE ON OR BEFORE APRIL 7, 1999 TO AVOID  
REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

99 APR -7 AM 11:24



1. Name of Limited Partnership

1a. DOCUMENT #  
**B97000000099**

**SOUTH BEACH HOTEL DEVELOPER, L.P.**

Mailing Address

222 WEST LAS COLINAS BLVD., SUITE 1440  
IRVING TX 75039

Principal Office Address

400 N. ST. PAUL  
DALLAS TX 75201-3116

3. Date Formed or Registered

02/19/1997

5a. Capital Contributions as  
Shown on record

\$148,000.00

3a. Date of Last Report

03/17/1998

5b. Amount of Capital  
Contributions in FLORIDA  
to date

148,000

4. State or Country of Formation

TX

6. FEI Number **75-2691205**  
**APPLIED FOR**

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

**CORPORATION SERVICE COMPANY**  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

10. If changed, new Registered Agent/Office

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)

**SOUTH BEACH OF TEXAS, INC.**

11a. Address of Each General Partner  
(Do NOT Use Post Office Box Numbers)

**22 WEST LAS COLINAS B**

11b. City, State & Zip Code

**IRVING TX 75039**

11c. Registration/  
Document Number

**F97000000905**

0000028371 10--2  
-01/12/99--01144--020  
\*\*\*\*526.25 \*\*\*\*526.25

**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

*Richard Besse*

**SOUTH BEACH OF TEXAS, INC.**  
**RICHARD BESSE, DIR**

DATE

4/5/99

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

305-852-5800

CR2E003 (12/98)