FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

1a. DOCUMENT # B97000000499 FILED
Sep 28 1998 8:00 am
Secretary of State

M& J/HOTEL INVESTORS, L.P.				
Mailing Address	Principal Office Address		3. Date Formed or Registered	58. Capital Contributions as Shown on record.
180 N. MICHIGAN AVENUE. SUITE 200 180 N. MICHIGAN AVEN		200	09/23/1997	\$1,164,750.00
CHICAGO IL 60601	CHICAGO IL 60601	CAGO IL 60601		
		06/29/1998	5b. Amount of Capital Contributions in FLORIDA	
2. Mailing Address	2a. Principal Office Address		4. State or Country of Formation	to date:
Z. Mailing Address	au Filiupai Olice Rudiese		IL	\$1,164,750.00
Suite, Apt. #, etc.	Sulte, Apt. #, etc.		6, FEI Number	Applied For
City & State	City & State		36-4126987	Not Applicable
Zip Country	Zip Country		7. Certificate of Status Desired	\$8.75 Additional Fee Required
Zip Country			8. Make check payable to: Dept. of S	State (See reverse side for fee information)
9. Name and Address of Current Registered Agent 10. If changed, new Registered Agent/Office				
M & J/HOTEL OPERATIONS-GP, INC. 4985 W IRLO BRONSON HIGHWAY KISSIMMEE FL 34746		10. If changed, new Registered Agent/Office Name		
		Streel Address (P.O. Box Number Is Not Acceptable)		
		Suite, Apt. #, etc.		
		City Zip Code		
				FL Zip Code
10a. Pursuant to the provisions of sections 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.				
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 Numbers) 111	b. City, State & Zip Code	11c. Registration/ Document Number
M & J/HOTEL OPERATIONS-GP, I	180 N. MICHIGAN AVENU		CHICAGO IL 60601	F97-4983
•			4000026 -09/30/3 ****52	521449 9801045021 66.25 ****526725
				Ch Ch

SIGNATURE DATE Marc R. Wilkow Devime Telephone Number (312) 7

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 fiting 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 cettify that I am a General Partner of the limited partnership, receiver or trustee