

FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO 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

97 DEC -8 PM 4: 08

1. Name of Limited Partnership
Westwood Lodge, L.P.

1a. DOCUMENT #
B97000000613

Mailing Address
**6640 Powers Ferry Road
Suite 200
Atlanta, Georgia 30339**

Principal Office Address

3. Date Formed or Registered

11/13/97

5a. Capital Contributions as Shown on record

1,000,000.00

3a. Date of Last Report

5b. Amount of Capital Contributions in FLORIDA to date:

2. Mailing Address

2a. Principal Office Address

4. State or Country of Formation

Georgia

Suite, Apt. #, etc.

Suite, Apt. #, etc.

6. FEI Number

58-2353255

Applied For
 Not Applicable

City & State

City & State

7. Certificate of Status Desired

\$8.75 Additional Fee Required

Zip

Country

Zip

Country

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

**CT Corporation System
1200 South Pine Island Road
Plantation, Florida 33324**

Name

Street Address (P.O. Box Number Is Not Acceptable)

100002370061-9

Suite, Apt. #, etc.

-12/12/97-01008-009

City

******541.25 ****541.25**

FL

Zip Code

10a. Pursuant to the provisions of sections 620.105-1 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

Omnicorp Resources, Inc.

6640 Powers Ferry Rd.

Atlanta, GA 30339

497A00054544

F97-5998

OP
12-10

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

[Signature]

DATE **11/21/97**

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

CR2E003 (6/97)