## FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE



FILED 98 JAN 12 PM 3: 48 SECRETARY OF STATE TALLAHASCEE, FLORIDA

12/23 /97

901-761-4664

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-1	Name	$\alpha \Box$	mated	Parluorehii

SIGNATURE \_

Typed or Printed Name of General Partner Signing Form

1a.

**DOCUMENT #** 

B97000000646

Collins Avenue Hotel Limite	d Partnership	[7-A	K M						
Mailing Address  1755-D Lynnfield Road Suite 142	Principa Office Address			3. Date Forme 12/1/9 3a. Date of La	97	5a. Capita Contributions as Shown on record. \$30,490,000.00			
Memphis, TN 38119				N/A		— Conti	int of Capital ibutions in FLORIDA		
2. Mailing Address	2a. Principal Office Address	Office Address			ntry of Formation	to date: \$30,490,000.00			
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #. etc.			0207	Applied For Not Applicable			
City & State	Cily & State	City & State Zip Country		62-171 <b>7.</b> Certif-cate of		\$8.75 Additional			
Zip Country	Zip			Fee Require  8. Make check payable to Dept. of State (See reverse side for fee inf					
9. Name and Address of Current	Registered Agent	10. If changed, new Registered Agent/Office							
Plantation, F1. 33324  10a. Pursuant to the provisions of sections 620 1051 and for the purpose of changing its registered office or agent. I am familiar with, and accept the obligations SIGNATURE (Registered Agent Accepting Appointment)  A GENERAL PARTNER THAT MUST	registered agent, or both, in the State of Fix s of section 620.192, Florida Statutes.	crida. Such char	PART	NERSHIP	oral parthor(s) Ther  DATE	eby accept the	appointment of registere		
1. Name(s) of General Partner(s)	11a. Address of Each Gener (Do NOT Use Post Office B	al Daviesa	11b.	Cily, State &		11c.	Registration/ Document Number		
67th Street Associates, L.L.	.C. 1755-D Lynnfie Suite 142	∍ld Rd.	Memp	his, TN	38119 OOO29 -01/22 *****		00000812 1530 121006 ****541.25		
Note: General partners MAY NOT	be changed on this form	n; an ame	ndmer	nt must be	filed to cha	nge a ge	neral partner.		
12. I do hereby certify that the information supplied with the Corporations from any liability of non-compliance with this annual report is true and accurate and that my sig empowered to execute this report as required by charging the control of the control	is filing is voluntarily furn-shed and does no Section 119.07(3)(k) in the event that the in nature shall have the same legal effects as	ot qualify for the	exemption s	stated in Section 1	19.07(3)(x), Florida	Statutes I relea	se the Division of e information indicated o		

vestment Group XFAytim Telephone Number