## 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

SIGNATURE\_

**DOCUMENT#** 1a.

98 DEC 14 PM 4: 19

212-891-2100

Daytime Telephone Number

	B9800000170				10			
BLACKACRE DAYTONA	A HOTEL, LIN	/IITED PARTNEI	RSHIP					
Mailing Address	Princ	Principal Office Address			3. Date Formed or Registered	5a. Capital Contributions as Shown on record.		
450 PARK AVENUE NEW YORK NY 10022	- · · · · · · · · · · · · · · · · · · ·	450 PARK AVENUE NEW YORK NY 10022			03/20/1998 3a. Date of Last Report	\$1,000.00  5b. Amount of Capital Contributions in FLORIDA		
2. Mailing Address	2a.	Principal Office Address	<u></u>		4. State or Country of Formation	to da	le:	
Suite, Apt. #, etc.	Suite	Suite, Apt. #, etc.			DE 6. FEI Number 13 - 3989193	Applied For		
City & State	City 8	City & State			7. Certificate of Status Desired		Not Applicable \$8.75 Additional	
Zip Country	Zip				8. Make check payable to: Dept. of State (See reverse side for fee information)			
9 Name and Addr	10. If changed, new Registered Agent/Office							
			Name					
CORPORATION SERVICE COMPANY			Street Address (P.O. Box Number Is Not Acceptable) 02-7211828					
1201 HAYS STREET			Suite, Apt. #, etc12/23/30-U1U(5-UU3					
TALLAHASSEE FL 32301-2525	City			*****141,25 *****141,25 FL Zip Code				
	ered office or registered a the obligations of section	gent, or both, in the State of Flor			zed or registered under the laws of the rized by its general partner(s). I hereby			
A GENERAL PARTNE	R THAT IS A C	ORPORATION, REGISTERED AN	LIMITED ID ACTIV	PART E WIT	NERSHIP OR OTHER	R BUSI	NESS ENTITY	
11. Name(s) of General Partner(s)	· · · · · · · · · · · · · · · · · · ·	Address of Each Gener (Do NOT Use Past Office B	-1 D1	11b.	City, State & Zip Code	11c.	Registration/ Document Number	
BLACKACRE CAPITAL PARTNE				NEW YORK NY 10022		B9800000168		
Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.  12. Ido 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 eighature chall 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 charge (30, Prorida Statutes.)								