## 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 MAR 22 PM 12: 40

1. Name of Limited Partnership	B9800000689		#			
UNIVERSAL HOTEL PARTNE	ERS, L.P.			A SOOMAN TONG TONGS ADAM DOM	I BBAKI BBAKA BBAKA BBAKA BBAKIB BAKIBA ABAKA ABAK IBBA	
Mailing Address 6141 WUNUT GROVE ROAD. SUITE 200 MEMPHIS TN 38120	Principal Office Address E ROAD. SUITE 200 6141 W/ANUT GROVE ROAD. SUITE 200 MEMPHIS TN 38120			Date Formed or Registered  12/03/1998  I. Dale of Last Report	5a. Capital Contributions as Shown on record \$1,350,000.00	
2. Mailing Address	2a. Principal Office Address		4.	State or Country of Formation	5b. Amount of Capital Contributions in FLORIDA to date:	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		2-1789397	Applied For	
City & State	City & State	City & State		Certificate of Status Desired	Not Applicable  \$8.75 Additional	
<b>Zip</b> Country	Zip	R, Make chark payable to Dept		Fee Required State (See reverse side for fee informations)		
9. Name and Address of Curre	10. If changed, new Registered Agent/Office					
200 SOUTH ORANGE AVENUE, SUITE ORLANDO FL 32801  10a. Pursuant to the provisions of sections 620 1051 for the purpose of changing its registered office in agent. I am familiar with, and accept the obligations.	and 620 192, Florida Statutes, the above or registered agent, or both, in the State of		ership organized (	or registered under the laws of the	/99 - 01031 - 010 	
SIGNATURE (Registered Agent Accepting Appointment)  A GENERAL PARTNER THA MI	IT IS A CORPORATION	N, LIMITEI	D PARTN	ERSHIP OR OTH	ER BUSINESS ENTITY	
11. Name(s) of General Partner(s)	11a. Address of Each Ge		T	City, State & Zip Code	11c. Registration/ Document Number	
MEMPHIS HOTEL PARTNERS, L.L.	_	6141 WUANUT GROVE ROA		PHIS TN 38120	M98000001456	
					3-76-99	
Note: General partners MAY NO	OT be changed on this f	orm; an am	endment i	must be filed to ch	ange a general partner.	
12. I do hereby certify that the information supplied with from any liability of non-compliance with Section 11 is true and accurate and that my signature shall he execute this report as required by challer 620. Flo	19.07(3)(k) in the event that the information ave the same legal effects as if made unde	r supplied is deeme	d exempt from put	blic ancess. I further certify that th	ne information indicated on this annual report	
SIGNATURE FULLY	- Men				2:10:599	
Typed or Printed Name of General Partner Signing Form	Gory Horsen	DOU	De	aytıma Telephone Number	OI-U-1324r	