


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
 08 MAY -1 PM 1:27

DOCUMENT # A00000000578 1. Entity Name CITY CENTER HOTEL GROUP, LTD.	
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Principal Place of Business 1508 SAN IGNACIO AVENUE, SUITE 150 CORAL GABLES, FL 33146	Mailing Address 1508 SAN IGNACIO AVENUE, SUITE 150 CORAL GABLES, FL 33146
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2. Principal Place of Business - No P.O. Box # 2650 SW 27 Ave Suite, Apt. #, etc. Suite 300	3. Mailing Address P.O. Box 330218 Suite, Apt. #, etc.
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City & State Miami, FL Zip 33133 Country US	City & State Miami, FL Zip 33233 Country US
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02292008 Chg-LP CR2E003 (12/06)

4. FEI Number 59-3639110	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent STARKMAN, MARK R 1500 SAN REMO AVENUE, SUITE 125 CORAL GABLES, FL 33146	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and fee if applicable.

FILE NOW!!! FEE IS \$500.00
After May 1, 2008, Fee will be \$900.00

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	218831	STREET ADDRESS	2650 SW 27 Ave, Suite 300
NAME	HOSPITALITY OPERATIONS, INC.	CITY-ST-ZIP	Miami, FL 33133
STREET ADDRESS	1508 SAN IGNACIO AVENUE, SUITE 150		
CITY-ST-ZIP	CORAL GABLES, FL 33146		
DOCUMENT #		STREET ADDRESS	900127245719
NAME		CITY-ST-ZIP	04/30/08--01011--004 **500.00
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STREET ADDRESS			
CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: [Signature] 4/24/08 305-446-0852
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE