


**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

<b>DOCUMENT # A05000001501</b> 1. Entity Name SANIBEL CAUSEWAY HOTEL, LTD.	
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**FILED**  
 06 MAY 11 PM 1:34  
 SECRETARY OF STATE  
 TALLAHASSEE FLORIDA

Principal Place of Business 880 S. PLEASANTBURG DRIVE, SUITE 3-G GREENEVILLE, SC 29607	Mailing Address 880 S. PLEASANTBURG DRIVE, SUITE 3-G GREENEVILLE, SC 29607
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2. Principal Place of Business 100 Pointe Circle Suite, Apt. #, etc.	3. Mailing Address 100 Pointe Circle Suite, Apt. #, etc.
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02272006    Chg-LP    CR2E003 (11/05)

City & State Greenville, SC Zip 29615    Country	City & State Greenville, SC Zip 29615    Country
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4. FEI Number 20-3963279	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent CUROTTO, DONALD J 300 S. ORANGE AVE., SUITE 1000 ORLANDO, FL 32801	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 title if applicable.

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2006, 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 #	SK INVESTMENTS, LLC	STREET ADDRESS	
NAME	880 S. PLEASANTBURG DRIVE, SUITE 3-G	CITY-ST-ZIP	
STREET ADDRESS	GREENEVILLE, SC 29607		
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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STREET ADDRESS			
CITY-ST-ZIP			

000074755850  
 05/17/06--01019--003    \*\*500.00

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 680, Florida Statutes.

**SIGNATURE:** \_\_\_\_\_    4/18/06    869 232 9844  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER    Date    Daytime Phone #