2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

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SIGNATURE:

TALLAHASSEE, FLORIDA **DOCUMENT # A06000000369** 08 APR 11 PM 1:59 STIRLING HOTEL DANIA BEACH, LTD. Principal Place of Business Mailing Address **60 POINTE CIRCLE 60 POINTE CIRCLE** GREENVILLE, SC 96157 GREENVILLE, SC 96157 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 03262008 CR2E003 (12/06) Chg-LP City & State Applied For City & State 4. FEI Number 20-4480949 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CUROTTO, DONALD J Street Address (P.O. Box Number is Not Acceptable) 300 S. ORANGE AVE., SUITE 1000 ORLANDO, FL 32801 City Zip Code 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 Signature, typed or printed name of registered agent and title 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. 13. M06000002293 DOCUMENT / STREET ADDRESS SAKA INVESTMENTS, LLC STREET ADDRESS **60 POINTE CIRCLE** CITY-ST-ZIP CITY-ST-ZIP GREENVILLE, SC 39615 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-\$T-ZIP DOCUMENT (STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling 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 occurate 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 employered to execute this report as regulated by Thapter 620, Florida Statutes

anna.

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING GENERAL PARTNER

SECRETARY OF STATE

Daytime Phone #