
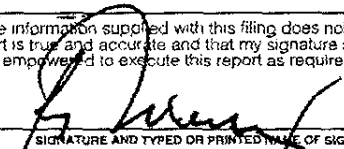


**2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 8, 2004**

**FILED
Aug 23, 2004 08:00 AM
Secretary of State**

DOCUMENT # A09839			
1. Entity Name SKYCENTER HOTEL COMPANY, LTD.			
Principal Place of Business 551 FIFTH AVENUE, SUITE 1916 NEW YORK, NY 10176		Mailing Address 551 FIFTH AVENUE, SUITE 1916 NEW YORK, NY 10176	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
INTRASTATE REGISTERED AGENT CORPORATION 701 BRICKELL AVENUE, SUITE 3000 MIAMI, FL 33131-3209		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL 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		DATE	
Signature, typed or printed name of registered agent and title if applicable			
9. Capital Contributions as Shown on record. \$1,354,157.10		10. Amount of Capital Contributions in FLORIDA to date.	
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 #	NAME	STREET ADDRESS	
NAME	PIROVANO, JOHN	CITY-ST-ZIP	
STREET ADDRESS	551 FIFTH AVENUE SUITE 1916		
CITY-ST-ZIP	NEW YORK, NY 10176		
DOCUMENT #	NAME	STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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: 		John Pirovano	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date	
		08/12/04 (212) 370 0202	
		Day/Time Phone #	



08122004 Chg-LP CR2E003 (10/03)

4. FEJ Number 58-1434245 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

U00000170775
08/23/04-80011-006 926.25

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