


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

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	
SECOND REQUEST-PLEASE CHANGE			
2. Principal Place of Business		3. Mailing Address 225 West Wacker Drive	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 1500	
City & State		City & State Chicago, IL	
Zip	Country	Zip	Country
60606	USA	60606	USA

FILED
06 MAY -1 AM 8:48
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA



04132006 Chg-LP CR2E003 (11/05)

4. FEI Number 58-1434245		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		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.

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 #	PIROVANO, JOHN	STREET ADDRESS	
NAME	551 FIFTH AVENUE SUITE 1916	CITY-ST-ZIP	
STREET ADDRESS	NEW YORK, NY		
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	580075014765
NAME		CITY-ST-ZIP	05/22/06--01013--016 **500.00
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
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 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:  **John Pirovano** 4/18/06 312-917-1813
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #