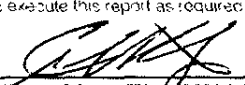


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
May 04, 2004 08:00 AM
Secretary of State

DOCUMENT # A15124					
1. Entry Name ORLANDINN, LTD.					
Principal Place of Business 2424 ROUTE 52 HOPEWELL JUNCTION, NY 12533			Mailing Address 2424 ROUTE 52 HOPEWELL JUNCTION, NY 12533		
2. Principal Place of Business			3. Mailing Address		
State, 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	
THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET TALLAHASSEE, FL 32301				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, with address of registered agent, and date if applicable					
9. Capital Contributions as Shown on record \$800.00			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 CITY ST. ZIP			STREET ADDRESS		
HUNDLEY, MONTY D 2424 ROUTE 52 HOPEWELL JUNCTION, NY 12533			CITY ST. ZIP		
DOCUMENT # NAME STREET ADDRESS CITY ST. ZIP			STREET ADDRESS		
G56076 ORLANDINN FLORIDA, INC. 2424 ROUTE 52 HOPEWELL JUNCTION, NY 12533			CITY ST. ZIP		
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			CITY ST. ZIP		
DOCUMENT # NAME STREET ADDRESS 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 119.07(3)(i), 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:  4/30/04					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER					

STAPLE CHECK HERE