


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

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

DOCUMENT # A26468

1. Entity Name
 MIAMI SPRINGS RESORTS ASSOCIATES, LTD.



Principal Place of Business
 111 WEST FORTUNE STREET
 TAMPA, FL 33602

Mailing Address
 111 WEST FORTUNE STREET
 TAMPA, FL 33602



2. Principal Place of Business

Suite, Apt. #, etc

City & State

Zip Country

3. Mailing Address

Suite, Apt. #, etc

City & State

Zip Country

04192004 Chg-LP CR2E003 (10/03)

4. FEI Number
 59-2893174

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

MIAMI SPRINGS HOTELS, INC.
 111 W. FORTUNE STREET
 TAMPA, FL 33602

7. Name and Address of New Registered Agent

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. **\$900.00**

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 #	K24103	STREET ADDRESS	
NAME	MIAMI SPRINGS HOTELS, INC	CITY - ST - ZIP	
STREET ADDRESS	111 W. FORTUNE STREET		
CITY - ST - ZIP	TAMPA, FL		
DOCUMENT #		STREET ADDRESS	000000159118
NAME		CITY - ST - ZIP	05/10/04-80016-033 141.25
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STAPLE CHECK HERE

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: *David A. Call* Date: 4-29-04 Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER