## 2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

## FILED Mar 15, 2004 08:00 AM Secretary of State

DOCUMENT # A9500001267  1. Entry Name ZENITH PROPERTIES (ORLANDO), LIMITED PARTNERSHIP					Secretary of State		
Principal Place of Business 200 SOUTH ORANGE AVE., SUITE 2300 ORLANDO, FL 32801  Principal Place of Business Mailing Address 7000 REGENT PARKWAY FORT MILL, SC 29715							
Principal Place of Business 3. Mailing Address				<del></del>			
Suite, Apt #. etc.		Suite, Apt, #, eto			01062004	Chg-LP	CR2E003 (10/03)
City & State		City & State		4. FEI Number 59-33400		Applied For	
Zip	Country	Zip	Zip Country		5. Certificate of		\$8.75 Additional Fee Required
	6. Name and Address of Curren	it Registered Agent		1	7. Name and Ac	ddress of New R	egistered Agent
ı							
WHITEHEAD, KAREN 200 S. ORANGE AVENUE, SUITE 2300 ORLANDO, FL 32801				Street Address (P.O. Box Number is Not Acceptable)			
				City			FL Zip Code
	named entity submits this statement lions of registered agent.	for the pulpose of changing	its register	ed office or register	ed agent, or bolfi,	in the State of Flo	orida. 1 am familiar with, and accept
SIGNATURE Speakure, 1, peed or printed name of registered agent and talle 4 approache.  DATE							DATE
9. Capital Co as Shown	or record. \$148,500.00	10. Amount of Gal in FLORIDA to		butions			
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTER NOTE: General Partners MAY NOT be changed on the form; an amendment m						TIVE WITH THE to change a ge	IS OFFICE, eneral partner.
12. GENERAL PARTNER INFORMATION				13. ADDRESS CHANGES ONLY			
DOCUMENT# NAME	F95000004108 REGENT HOSPITALITY CORP	ORATION	SIB	eet aderess			
Street address CPY-ST-2IP	7000 REGENT PARKWAY FORT MILL, SC 29715		CITY	-ST-ZIP	U00000035679 03/24/04-80044-010-526, 25		
exocument # Name			STRI	EET ADORESS		00/11/01	00071 010 7-010
STREET AUDRESS CITY-ST-ZIP			CITY	'-S1-ZIP			
DOCUMENT # NAME			នគេ	REI ADDRESS			
STRIEF ADDRESS GFY-ST-ZIP			GITY	'-\$T-ZIP			
DOCUMENT & NAME			SIR	eci adoress			
STHEET ADDRESS GITY-ST-ZIP			CITY	-51-ZIP			
DGCUMENT # NAME			iate	CET ADDRESS			
STREET ADDRESS CITY-ST-ZIP			Caty	-ST-ZIP			<u> </u>
DOCUMENT F NAME			STATE	SZERDOA TE	···		
STREET ADDRESS CHY-ST-ZIP		<u></u>		-st-ZIP			
14. Thereby a	sertify that the information supplied wi	In this filing does not qualify.	for the exe	mption stated in Se	ction 119,07(3)(i), f	Florida Statutes, I	further certify that the information