2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

DOCUMENT # A97000001537

1. Entity Name
SARASOTA PRIME HOTELS, LTD.

FILED
04 APR 19 AM 10:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04062004 Chg-LP CR2E003 (10/03)

Principal Place of Business	Mailing Address
ATTN; GAIL KNIGHT 3424 PEACHTREE ROAD, N.E., SUITE 800 ATLANTA, GA 30326	ATTN; GAIL KNIGHT 3424 PEACHTREE ROAD, N.E., SUITE 800 ATLANTA, GA 30326

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 58-2330536 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	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. $35,809,581.24

10. Amount of Capital Contributions in FLORIDA to date. 35,880,858.07

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	M97000000555 SARASOTA PRIME HOTELS, L.C. 3424 PEACHTREE ROAD, N.E., SUITE 800 ATLANTA, GA 30326	STREET ADDRESS CITY-ST-ZIP	000003298660 04/13/04--01015--001 **526.25
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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: Debbie J. Newmark Debbie J. Newmark 4/6/04 404-846-1300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #