


**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2005**

**FILED**  
**Feb 22, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # A01000000539			
1. Entity Name WIN INN LODGING, LTD.			
Principal Place of Business 1508 SAN IGNACIO AVENUE STE 150 CORAL GABLES, FL 33146		Mailing Address 1508 SAN IGNACIO AVENUE STE 150 CORAL GABLES, FL 33146	
2. Principal Place of Business		3. Mailing Address	
Suite, 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	
ATRIUM REGISTERED AGENTS, INC. 1500 SAN REMO AVE., STE 125 CORAL GABLES, FL 33146		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. \$1,224,000.00		10. Amount of Capital Contributions in FLORIDA to date.	
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>			
12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	218831	STREET ADDRESS	
NAME	HOSPITALITY OPERATIONS, INC.	CITY - ST - ZIP	
STREET ADDRESS	1508 SAN IGNACIO AVE., STE 200		
CITY - ST - ZIP	CORAL GABLES, FL		
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
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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: <i>Bernard Wolfson</i>		Bernard Wolfson, as Pres. of Hospitality Operations, Inc., 2/17/05 305-661-1230	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date Daytime Phone #	



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4. FEI Number 65-1099486 Applied For Not Applicable

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

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