


**2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006**

DOCUMENT # A01000000539	
1. Entity Name WIN INN LODGING, LTD.	

FILED
05 MAY 06 11:38 AM '06
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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01062006 Chg-LP CR2E003 (11/05)

City & State	City & State	4. FEI Number 65-1099486	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

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

6. Name and Address of Current Registered Agent ATRIUM REGISTERED AGENTS, INC. 1500 SAN REMO AVE., STE 125 CORAL GABLES, FL 33146	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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.

**FILE NOW!!! FEE IS \$500.00
After May 1, 2006, Fee will be \$900.00**

**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	218831 HOSPITALITY OPERATIONS, INC. 1508 SAN IGNACIO AVE., STE 200 CORAL GABLES, FL	STREET ADDRESS CITY-ST-ZIP	<i>change suite # only: #150</i>
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	500074754245 05/17/06--01016--016 **500.00
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STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *[Signature]* 4/24/06 305-661-1230
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #