


**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

**FILED**  
**Mar 14, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A01000000539</b> 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 - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 65-1099486	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
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	
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.				\$8.75 Additional Fee Required	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE _____	
<b>FILE NOW!!! FEE IS \$500.00</b> <b>After May 1, 2007, Fee will be \$900.00</b>					
<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>					
<b>12. GENERAL PARTNER INFORMATION</b>			<b>13. ADDRESS CHANGES ONLY</b>		
DOCUMENT #	218831		STREET ADDRESS		
NAME	HOSPITALITY OPERATIONS, INC.		CITY-ST-ZIP		
STREET ADDRESS	1508 SAN IGNACIO AVE., STE 105		CITY-ST-ZIP		
CITY-ST-ZIP	CORAL GABLES, FL		CITY-ST-ZIP		
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
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CITY-ST-ZIP			CITY-ST-ZIP		
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			3/9/07 305-661-1230 <small>Date Daytime Phone #</small>		

STAPLE CHECK HERE