

**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

FILED  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

03 MAY -1 PM 2:47

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 - No P.O. Box #  
 2650 SW 27 Ave., #300  
 Suite, Apt. #, etc.  
 Suite 300

3. Mailing Address  
 P.O. Box 330218  
 Suite, Apt. #, etc.



02292008 Chg-LP CR2E003 (12/06)

City & State  
 Miami, FL

City & State  
 Miami, FL

4. FEI Number  
 65-1099486

Applied For  
 Not Applicable

Zip  
 33133 Country  
 US

Zip  
 33233 Country  
 US

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**

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.

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2008, 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 # 218831  
 NAME HOSPITALITY OPERATIONS, INC.  
 STREET ADDRESS 1508 SAN IGNACIO AVE., STE 105  
 CITY-ST-ZIP CORAL GABLES, FL

STREET ADDRESS 2650 SW. 27 Ave., Suite 300  
 CITY-ST-ZIP miami, FL 33133

DOCUMENT #  
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 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 629, Florida Statutes

SIGNATURE: \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/24/08 305-446-0852  
 Date Daytime Phone #

STAPLE CHECK HERE