


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED

2005 MAY 16 A 11: 34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01112005 Chg-LP CR2E003 (10/03)

DOCUMENT # A00000000118					
1. Entity Name KESSLER HOTELS, LTD.					
Principal Place of Business C/O THE KESSLER ENTERPRISE, INC. 7380 SAND LAKE ROAD, SUITE 120 ORLANDO, FL 32819			Mailing Address C/O THE KESSLER ENTERPRISE, INC. 7380 SAND LAKE ROAD, SUITE 120 ORLANDO, FL 32819		
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 65-1048812	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$1,151,302.00			10. Amount of Capital Contributions in FLORIDA to date. 7,389,918.00		
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 #	P99000111974			STREET ADDRESS	
NAME	KESSLER HOTELS, INC.			CITY-ST-ZIP	
STREET ADDRESS	7380 SAND LAKE ROAD, SUITE 120				
CITY-ST-ZIP	ORLANDO, FL 32819				
DOCUMENT #				STREET ADDRESS	800054643778
NAME				CITY-ST-ZIP	05/16/05 01004 017 **526.25
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NAME				CITY-ST-ZIP	
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>					
<small>Date Daytime Phone #</small>					

STAPLE CHECK HERE