


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Feb 05, 2004 08:00 AM
Secretary of State

DOCUMENT # A00000000578		
1. Entity Name CITY CENTER HOTEL GROUP, LTD.		

Principal Place of Business 1508 SAN IGNACIO AVENUE, SUITE 150 CORAL GABLES, FL 33146	Mailing Address 1508 SAN IGNACIO AVENUE, SUITE 150 CORAL GABLES, FL 33146
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



01082004 Chg-LP CR2E003 (10/03)

4. FEI Number 59-3639110		Applied For <input type="checkbox"/> 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	
STARKMAN, MARK R 1500 SAN REMO AVENUE, SUITE 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 _____
Signature, typed or printed name of registered agent and title if applicable DATE _____

9. Capital Contributions as Shown on record. \$3,440,000.00	10. Amount of Capital Contributions in FLORIDA to date.
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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	STREET ADDRESS	
NAME	HOSPITALITY OPERATIONS, INC. ✓	CITY - ST - ZIP	
STREET ADDRESS	1508 SAN IGNACIO AVENUE, SUITE 150		
CITY - ST - ZIP	CORAL GABLES, FL 33146		
DOCUMENT #		STREET ADDRESS	U00000070691
NAME		CITY - ST - ZIP	02/28/04-80029-025 526.25
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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)(f), 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: Sand Wolf
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2/2/04 305-661-1230
Date Daytime Phone #

STAPLE CHECK HERE