2006 LIMITED PARTNERSHIP ANNUAL REPORT

FILED Due By May 1, 2006 Apr 27, 2006 08:00 AN Secretary of State DOCUMENT # A00000000578 CITY CENTER HOTEL GROUP, LTD. Principal Place of Business 1508 SAN IGNACIO AVENUE, SUITE 150 1508 SAN IGNACIO AVENUE, SUITE 150 CORAL GABLES, FL 33146 CORAL GABLES, FL 33146 01062006 No Chg-LP CR2E003 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3639110 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent STARKMAN, MARK R DO NOT WRITE 1500 SAN REMO AVENUE, SUITE 125 CORAL GABLES, FL 33146 IN THIS SPACE 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. H000003379**6**4 <u>599.9</u>9 85.489.496 - 00039 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. GENERAL PARTNER INFORMATION 12. 218831 DOCUMENT # NAME HOSPITALITY OPERATIONS, INC. STREET ADDRESS 1508 SAN IGNACIO AVENUE, SUITE 150 CITY-ST-ZIP CORAL GABLES, FL 33146 DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME DO NOT WRITE STREET ADDRESS CITY-ST-ZIE IN THIS SPACE DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME

14. I hereby certify that the information supplied with this filling 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 empewered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP

STAPLE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER