


**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2004**

**FILED**  
**Mar 15, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A00000001267</b>				
1. Entity Name <b>WEST PALM HOSPITALITY, LTD.</b>				
Principal Place of Business <b>1515 N. FEDERAL HWY., SUITE 300 BOCA RATON FL 33432</b>		Mailing Address <b>C/O J. HANN, CPA 1515 NO. FEDERAL HWY BOCA RATON FL 33432</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	



MOORE CR2E003 (11/03)

4. FEI Number <b>65-1034647</b>				Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent  <b>HAHN, JEFFREY B 1515 N. FEDERAL HWY., SUITE 300 BOCA RATON FL 33432</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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. <b>\$5,000.00</b>		10. Amount of Capital Contributions in FLORIDA to date. <b>5000</b>		11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

**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 #	P00000076657	STREET ADDRESS	
NAME	WEST PALM HOSPITALITY, INC.	CITY-ST-ZIP	
STREET ADDRESS	1515 N. FEDERAL HWY., SUITE 300		
CITY-ST-ZIP	BOCA RATON FL 33432		
DOCUMENT #		STREET ADDRESS	U000000095725
NAME		CITY-ST-ZIP	03/24/04-80048-007 141.25
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STREET ADDRESS			
CITY-ST-ZIP			

STAPLE CHECK HERE

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, the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

**SIGNATURE:** *John S. Costas Pres Corp GP* **JOHN S. COSTAS** 3/14/04 561-738-1405  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #