


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

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

<b>DOCUMENT # A00000001268</b> 1. Entity Name <b>DEERFIELD HOSPITALITY, LTD.</b>					
Principal Place of Business <b>1475 W. GATEWAY BLVD. BOYNTON BEACH FL 33426</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		4. FEI Number <b>65-1034665</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>HANN, 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>\$7,500.00</b>		10. Amount of Capital Contributions in FLORIDA to date. <b>7500</b>		11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION	
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
12. GENERAL PARTNER INFORMATION				13. ADDRESS CHANGES ONLY	
DOCUMENT # <b>P00000076679</b> NAME <b>DEERFIELD HOSPITALITY, INC.</b> STREET ADDRESS <b>1515 N. FEDERAL HWY., SUITE 300</b> CITY-ST-ZIP <b>BOCA RATON FL 33432</b>				STREET ADDRESS CITY-ST-ZIP	
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**03/24/04-80046-008 141.25**

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 Capital* **JOHN S COSTAS** 3/12/04 861-738-1405  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #