


**2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2006**

FILED
Feb 13, 2006 08:00 AM
Secretary of State

DOCUMENT # A00000001627	
1. Entity Name APEX HOSPITALITY, LLLP	

Principal Place of Business 4400 FORD ST., EXT. FORT MYERS FL 33931	Mailing Address 17761 SAN CARLOS BLVD. FORT MYERS BEACH FL 33916
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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

1st MOORE CR2E003 (10/05)

4. FEI Number 65-1055094 ☐ Applied For Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent SANMUKH SWAMI 17761 SAN CARLOS BLVD. FORT MYERS FL 33931	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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** _____
Signature, typed or printed name of registered agent and firm if applicable.

FILE NOW!!! Fee is \$500. * After May 1, 2006, fee will be \$900. *** Make check payable to Florida Department of State.**

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 #	L00000013004	STREET ADDRESS	
NAME	JAY GROUP, LLC	CITY-ST-ZIP	
STREET ADDRESS	17761 SAN CARLOS BLVD.		
CITY-ST-ZIP	FORT MYERS BEACH FL 33931		
DOCUMENT #		STREET ADDRESS	000000132325
NAME		CITY-ST-ZIP	02/24/06 80013-016 500.00
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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 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 empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *Sanmukh Swami* **SANMUKH SWAMI** 2/8/06 239-822-5697