## 2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR) DUE BY MAY 1, 2007

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## **FILED** Apr 19, 2007 08:00 All Secretary of State DOCUMENT # A0000001627 1. Entity Name APEX HOSPITALITY, LLLP Principal Place of Business Mailing Address 4400 FORD ST., EXT. FORT MYERS FL 33931 17761 SAN CARLOS BLVD FORT MYERS BEACH FL 33916 2. Principal Place of Business - No P.O Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc. ( 1st MOORE CR2E003 (10/06) City & Stato City & State 4. FEI Number Applied For 65-1055094 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo SANMUKH SWAMI Street Address (P.O. Box Number is Not Acceptable) 17761 SAN CARLOS BLVD. FORT MYERS FL 33931 City 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 it applicable. DATE FILE NOW!!! Fee is \$500, \*\*\* After May 1, 2007, 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. GENERAL PARTNER INFORMATION 12. ADDRESS CHANGES ONLY DOCUMENT # L00000013004 STREET ADDRESS NAME JAY GROUP, LLC STREET ADDRESS 17761 SAN CARLOS BLVD. CITY-ST-ZIE CITY - ST-7IP FORT MYERS BEACH FL 33931 DOCUMENT A STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY-S1-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY - ST-7IP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS U00000718636 CHY-SI-7IP CITY ST-ZIP <u>05/01/07-80028-024\_500.00</u> DOCUMENT # STRUCT ADDRESS NAME STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CHTY-ST-ZIP

14. I horeby 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 eath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this poport as required by Chapter 620, Florida Statutes

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER