2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 MAY -1 PM 2:47

DOCUMENT # A01000000539

1. Entity Name
WIN INN LODGING, LTD.

Principal Place of Business
1508 SAN IGNACIO AVENUE
STE 150
CORAL GABLES, FL 33146

Mailing Address
1508 SAN IGNACIO AVENUE
STE 150
CORAL GABLES, FL 33146

02292008 Chg-LP CR2E003 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
2650 SW 27 Ave. #300	P.O. Box 330218
Suite, Apt. #, etc.: Suite 300	Suite, Apt. #, etc.:
City & State: Miami, FL	City & State: Miami, FL
Zip: 33133 Country: US	Zip: 33233 Country: US

4. FEI Number: 65-1099486 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ATRIUM REGISTERED AGENTS, INC.
1500 SAN REMO AVE., STE 125
CORAL GABLES, FL 33146

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** 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
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS $500.00
After May 1, 2008, 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.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	218831	STREET ADDRESS	2650 S.W. 27 Ave., Suite 300
NAME	HOSPITALITY OPERATIONS, INC.	CITY-ST-ZIP	Miami, FL 33133
STREET ADDRESS	1508 SAN IGNACIO AVE., STE 105		
CITY-ST-ZIP	CORAL GABLES, FL		
DOCUMENT #		STREET ADDRESS	
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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: [signature] 4/24/08 305-446-0852
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #