2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

FILED May 05, 2005 08:00 AM Secretary of State

DOCUMENT # A0100000760 1. Entity Name TEMPUS RESORTS 2001-A LTD.					Secretary of State		
Principal Place of Business 7380 SAND LAKE ROAD, SUITE 600 ORLANDO, FL 32819 Mailing Address 7380 SAND LAKE ORLANDO, FL 328				: 600		Perut Hair Walli Walli Mar	
2. Principal Place	of Business	3. Mailing Address	3. Mailing Address				
Suite, Apt. #, et	Suite, Apt. #, etc.		Suite, Apt. #, etc.		04152005	Chg-LP	CR2E003 (10/03)
City & State	City & State		City & State		4. FEI Number 59-3723		Applied For Not Applicable
Zip	Zip Country		Coun	ntry		of Status Desired	\$8.75 Additional Fee Required
	, Name and Address of Curre	nt Registered Agent		7. Name and Address of New Registered Agent Name			
A.G.C. CO. 200 S. ORANGE AVE., SUITE 2300 ORLANDO, FL 32801					(P.O. Box Number	r is Not Acceptable	e)
OND WED OF .	. 32001						
				City			FL Zip Code
the obligations	ed entity submits this statement of registered agent. Lure, typed or printed name of registered ag		its registere	ed office or registe	red agent, or both	, in the State of Flo	orida. I am familiar with, and accept
9. Capital Contributes Shown on re-	cord. \$46,301,762.00		o date. 🛶	13,639,4			
	A GENERAL PARTNER NOTE: General Partners I	R THAT IS A BUSINESS E MAY NOT be changed on					
12.						ADDRESS CHA	
NAME TEI	TEMPUS FUNDING I, LLC 730 SAND LAKE ROAD, SUITE 600		STRE	EET ADDRESS			
1.50			CITY	'-ST-ZIP			
DOCUMENT # NAME				EET ADDRESS	000000362725 05/05/05-80129-015 535.00		
STREET ADDRESS CITY-ST-ZIP			СПУ	-ST-ZIP			
DOCUMENT # NAME			STRE	EET ADDRESS			
STREET ADDRESS CITY-ST-ZIP			CITY	-ST-ZIP		<u> </u>	
DOCUMENT # NAME STREET ADDRESS			STRE	ET ADDRESS			
CITY-ST-ZIP			CITY	-ST-ZIP	<u>.</u>		<u></u>
DOCUMENT / NAME USTPET ADDRESS			STAE	ET ADDRESS			
			слу-	-\$T-ZIP			
DOGUMENT # NAME STREET ADDRESS			STRE	ET ADDRESS			
CITY- ST- ZIP			CITY-	-ST-ZIP			
14. I hereby certify indicated on the the receiver or	that the information supplied w is report is true and accurate a trustee empowered to execute	ith this filing does not qualify to not that my signature shall have this report as required by Cha	for the exer ve the same apter 620, I	motion stated in Se elegal effect as if n Plorida Statutes	ection 119.07(3)(i), nade under oath, t	Florida Statutes. I hat I am a General	I further certify that the information I Partner of the limited partnership o

SIGNATURE AND TYPED OR PRINNED NAME OF SIGNING GENERAL PARTNER

SIGNATURE: