


**2005 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2005**

**FILED  
May 06, 2005 08:00 AM  
Secretary of State**

DOCUMENT # A01000001062			
1. Entity Name EXECUTIVE MINI SUITES, LTD.			
Principal Place of Business 555 S.W. 12TH AVENUE, SUITE 101 POMPANO BEACH, FL 33069		Mailing Address 555 S.W. 12TH AVENUE, SUITE 101 POMPANO BEACH, FL 33069	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
GOLDMAN, BRUCE J 2701 LE JEUNE ROAD, SUITE 101 POMPANO BEACH, FL 33134		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 file if applicable.			
9. Capital Contributions as Shown on record. \$500,000.00		10. Amount of Capital Contributions in FLORIDA to date.	
<b>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.</b>			
12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P01000076474	STREET ADDRESS	
NAME	EXECUTIVE MINI SUITES, INC.	CITY-ST-ZIP	
STREET ADDRESS	555 S.W. 12TH AVENUE, SUITE 101		
CITY-ST-ZIP	POMPANO BEACH, FL 33069		1100000363707
DOCUMENT #		STREET ADDRESS	05/06/05-80010-002 526.25
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CITY-ST-ZIP			
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 or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes			
SIGNATURE: _____		Date: 4-15-05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Daytime Phone #	

STAPLE CHECK HERE