2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

FILED Jan 23, 2007 08:00 AM Secretary of State

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1. Entity Name

KINSMAN HOSPITALITY OF CLEARWATER, LTD.



Principal Place of Business

Mailing Address

ONE STEINBRENNER DRIVE TAMPA, FL 33614

1900 SW 60TH AVENUE OCALA, FL 34474



DO NOT WRITE IN THIS SPACE

01032007 No Chg-LP CR2E003 (12/06)

4. FEI Number Applied For Not Applied For Not Applicable

5. Certificate of Status Desired S8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TATE, MARK T ESQUIRE 212 S. MAGNOLIA AVENUE TAMPA, FL 33606

DO NOT WRITE IN THIS SPACE

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 little if applicable.	DATE		
FILE NOW!!! FEE IS \$500.00 After May 1, 2007, 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	•		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	P03000035398 KINSMAN CLEARWATER PROPERTIES CORPORATION ONE STEINBRENNER DRIVE TAMPA, FL 33614	000000599538 01/25/07-80034-004 500.00		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP				
DOCUMENT / NAME STREET ADDRESS CITY - ST - ZIP		DO NOT WRITE		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE		
DOCUMENT # NAME STREET ADDRESS CHY-ST-ZIP				
DOCUMENT # NAME STREET ADDRESS CITY-ST-2/P	contifu 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		

Interest certify that the information supplied with this limit does not quality for the exemptions contained in Chapter 119, Florida Statutes. Floring 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 entirphylered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE:

STAPLE CHECK HERE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #