### 2007 LIMITED PARTNÉRSHIP ANNUAL REPORT Due By May 1, 2007

### **DOCUMENT # A03000001694**

1. Entity Name
GB HOTEL HOLDINGS, LTD.



FILED
Jan 26, 2007 08:00 AM
Secretary of State

Principal Place of Business

3250 MARY ST, STE 500 MIAMI, FL 33133

Mailing Address

3250 MARY ST, STE 500 MIAMI, FL 33133

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### DO NOT WRITE IN THIS SPACE

01192007 No Chg-LP

CR2E003 (12/06)

4. FEI Number

20-0484449

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Regulred

6. Name and Address of Current Registered Agent

STEARNS WEAVER MILLER WEISSLER ALHADEFF & SITTERSON, P.A.-RICHARD E SCHATZ
150 W FLAGLER ST, STE 2200
MIAMI, FL 33130

## 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 title 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.

	NOIL. General Partiers MAT NOT be changed on the			
	12.	GENERAL PARTNER INFORMATION		
	DOCUMENT #	P96000089474		
	NAME	KEY RESORT, INC.		
ı	STREET ADDRESS	3250 MARY ST, STE 501		
	CITY-ST-ZIP	MIAMI, FL 33133		
	DOCUMENT #	P02000133213		
	NAME	GB (KEY BISCAYNE) CORPORATION		
	STREET ADDRESS	3250 MARY ST, STE 501		
-	CfTY+ST-ZIP	MIAMI, FL 33133		
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14. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is troe 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:

DOCUMENT #

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Jan . 24. 07

(305) 445-2493

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Daytime Phone 4