

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED

2004 APR 26 AM 9:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A03000001844 1. Entity Name BONAVENTURE HOTEL ASSOCIATES, LTD.	
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Principal Place of Business 12000 BISCAYNE BLVD, PENTHOUSE 810 MIAMI, FL 33181-2742	Mailing Address 12000 BISCAYNE BLVD, PENTHOUSE 810 MIAMI, FL 33181-2742
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



02052004 Chg-LP CR2E003 (10/03)

4. FEI Number	☒ Applied For ☐ Not Applicable
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5. Certificate of Status Desired	☐ \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent IRELAND, THOMAS K 12000 BISCAYNE BLVD, PENTHOUSE 810 MIAMI, FL 33181-2742
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 fee, if applicable.

9. Capital Contributions as Shown on record. \$100.00	10. Amount of Capital Contributions in FLORIDA to date.
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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 #	NAME	STREET ADDRESS	
	IRELAND, THOMAS K		
STREET ADDRESS	12000 BISCAYNE BLVD, PENTHOUSE 810	CITY - ST - ZIP	
	MIAMI, FL 331812742		
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS		CITY - ST - ZIP	
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STREET ADDRESS		CITY - ST - ZIP	

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05/13/04--01083--007 **141.25

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: THOMAS K. IRELAND 4-13-04 305-891-6806
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE