

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
Mar 23, 2007 08:00 A
Secretary of State

DOCUMENT # A04552

1. Entity Name
DON CE SAR RESORT HOTEL, LTD.



Principal Place of Business
**3400 GULF BLVD.
ST. PETE BEACH, FL 33706**

Mailing Address
**3400 GULF BLVD.
ST. PETE BEACH, FL 33706**



01152007 No Chg-LP

CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1636913	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

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.

12. GENERAL PARTNER INFORMATION

DOCUMENT # **M03000004235**
NAME **ROSADO GRANDE, LLC.**
STREET ADDRESS **3400 GULF BLVD.**
CITY-ST-ZIP **ST. PETE BEACH, FL 33706**

DOCUMENT # **M03000004119**
NAME **LQEWS ST. PETE GP LLC**
STREET ADDRESS **667 MADISON AVENUE**
CITY-ST-ZIP **NEW YORK, NY 10021**

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03/30/07-80084-005 500.00

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STAPLE CHECK HERE

4. I hereby certify 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

Colleen Finney 1/15/07 727 360 1981