


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Jan 28, 2008 08:00 AM
Secretary of State

DOCUMENT # A04552 1. Entity Name DON CE SAR RESORT HOTEL, LTD.	
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Principal Place of Business 3400 GULF BLVD. ST. PETE BEACH, FL 33706	Mailing Address 3400 GULF BLVD. ST. PETE BEACH, FL 33706
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DO NOT WRITE IN THIS SPACE



01032008 No Chg-LP CR2E003 (12/06)

4. FEI Number 59-1636913	Applied For 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

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 title if applicable.

FILE NOW!!! FEE IS \$500.00
After May 1, 2008, 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	LOEWS ST. PETE GP LLC
STREET ADDRESS	667 MADISON AVENUE
CITY-ST-ZIP	NEW YORK, NY 10021
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

U000000803945
02/05/08-80047-007 500.00

14. 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:  **1/18/08** **727 360 1881**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE