2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

3. Mailing Address

Suite, Apt. #, etc

City & State

Zip

A04552 DOCUMENT

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

Principal Place of Business 290 TRUMBULL STREET Mailing Address 900 COTTAGE GROVE ROAD, W-15 HARTFORD CT 06103 HARTFORD CT 06152-5015

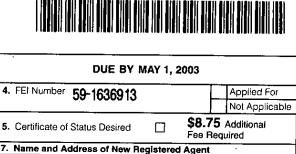
6. Name and Address of Current Registered Agent



APPROVILL -AND

03 FEB 18 AM 9: 16

SECRETARY, OF SHATE FAREAHASSEE, FEORIDA



C T CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324

as Shown on record.

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

/. Name and Address of New Registered Agent					
Name		<u> </u>			
Street Address (P.O. Box Number	is Not Acceptable)				
		-			
City		FL	Zip Code		

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.

Country

Signature, typed or printed name of registered agent and title if applicable 9. Capital Contributions

\$50,000,000.00

Country

10. Amount of Capital Contributions in FLORIDA to date. \$ 39,894, 286 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

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 #	F96000002757	STREET ADDRESS				
NAME	ROSADO GRANDE, INC.	STREET ADDRESS				
STREET ADDRESS	280 TRUMBULL STREET	CITY-ST-ZIP				
CITY-ST-ZIP	HARTFORD CT 06103					
DOCUMENT #	M0000001077	STREET ADDRESS	700012603177 02/18/0301008019 **526,25			
NAME	DON CE SAR HOLDINGS, LLC	STREET ADDRESS	02/10/0501000012 **2%0'%2			
STREET ADDRESS CITY-ST-ZIP	1950 STEMMONS FREEWAY, SUITE 6001 DALLAS TX 75207	CITY-ST-ZIP				
	DALLAS 1X /320/					
DOCUMENT # NAME		STREET ADDRESS	* * * * * * * * * * * * * * * * * * * *			
STREET ADDRESS						
CITY-ST-ZIP		CITY-ST-ZIP				
DOCUMENT #						
NAME		STREET ADDRESS				
STREET ADDRESS						
CITY-ST-ZIP		CITY-ST-ZIP	,			
DOCUMENT #						
NAME		STREET ADDRESS				
STREET ADDRESS						
CITY-ST-ZIP		CITY-ST-ZIP				
DOCUMENT #						
NAME	·	STREET ADDRESS	,			
STREET ADDRESS		CITY-ST-ZIP				
CITY-ST-ZIP		G117-31-ZIP				
14. I horoby codify that the information and find Williams						

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

Rosado Grande, anc. 1/23/03 SIGNATUR