2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

SIGNATURE

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING GENERAL PARTHER

Mar 16, 2007 08:00 AN Secretary of State DOCUMENT # A0500001057 CORAL GABLES DOWNTOWN HOTEL, LTD. Principal Place of Business Mailing Address **60 POINTE CIRCLE 60 POINTE CIRCLE** GREENVILLE, SC 39615 GREENVILLE, SC 39615 2. Principal Place of Business - No E.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E003 (12/06) 03012007 Chg-LP City & State City & State 4. FEI Number Applied For 37-1487164 Not Applicable Zlp Country Country Zìo \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CUROTTO, DONALD Street Address (P.O. Box Number is Not Acceptable) 300 S. ORANGE AVE., SUITE 1000 (DJC) ORLANDO, FL 32801 City 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. DATE Signature, typed or printed name of registered agent and title if applicable. 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12 13. L05000052570 DOCUMENT # STREET ADDRESS SK INVESTMENTS, LLC NAKE **60 POINTE CIRCLE** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP GREENVILLE, SC 29607 DOCUMENT # STREET ADDRESS NAME STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT / STREET ADDRESS NAME STREET ADDRESS 03/27/07-80111-027 500.00 CITY-ST-ZIP CITY-SY-ZP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-SI-ZIP CITY-ST-70P 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 of trustage empowered to execute this report as required by Chapter 620, Florida Statutes

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