## 2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

DOCUMENT # A05000001144

1. Entity Name DRV HOTEL PARTNERS, LLLP



FILED Apr 06, 2007 08:00 Al Secretary of State

Principal Place of Business 1551 FORUM PLACE

SUITE 100 WEST PALM BEACH, FL 33401 Mailing Address

1551FORUM PLACE SUITE 100

WEST PALM BEACH, FL 33401



DO NOT WRITE IN THIS SPACE

03202007 No Chg-LP

CR2E003 (12/06)

4. FEI Number 55-0893812

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BROCK, PETER 1551 FORUM PLACE SUITE 10 WEST PALM BEACH, FL 33401

## DO NOT WRITE IN THIS SPACE

<ol> <li>The above named entity submits this statement for the purpose of changing its registered office or regis the obligations of registered agent</li> </ol>	tered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE Signature, typed or printed name of registered agent and little if applicable	DATE
	1100000000000

FILE NOW!!! FEE IS \$500.00 After May 1, 2007, Fee will be \$900.00 U00000692400 04/13/07-80048-023 500.00

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 #	L04000010079	
	NAME	HSP, LLC	
	STREET ADDRESS	1551 FORUM PLACE SUITE 100	
İ	CITY-S1-ZIP	WEST PALM BEACH, FL 33401	
	DOCUMENT # NAME		
	STREET ADDRESS		
į	CITY-ST-ZIP		
	DOCUMENT # NAME		
	STREET ADDRESS		
	CITY-ST-ZIP		
	DOCUMENT #		
	NAME		
	STREET ADDRESS		
	CITY-ST-ZIP		
	DOCUMENT #		
	NAME		
	STREET ADDRESS		
	CITY-ST-ZIP	,	
ſ	DOCUMENT #		
	NAME		
	STREET ADDRESS		
1	CITY-ST-ZIP		

## DO NOT WRITE IN THIS SPACE

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 in 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

Pater Brock

323/07

561-684-1040

Daytime Phone #