

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

08 APR 11 PM 1:58

DOCUMENT # A05000001145

1. Entity Name
NEW BROCK (DRV HOTEL) PARTNERS, LLLP



Principal Place of Business
1551 FORUM PLACE SUITE 100
WEST PALM BEACH, FL 33401

Mailing Address
1551 FORUM PLACE SUITE 100
WEST PALM BEACH, FL 33401



2. Principal Place of Business - No P.O. Box #

4650 Donald Ross Rd

3. Mailing Address

4650 Donald Ross Rd

Suite, Apt. #, etc.

Suite 200

Suite, Apt. #, etc.

Suite 200

City & State

Palm Beach Gardens FL

City & State

Palm Beach Gardens, FL

Zip

33418

Country

USA

Zip

33418

Country

USA

04012008 Chg-LP CR2E003 (12/06)

4. FEI Number
55-0893794

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 100
WEST PALM BEACH, FL 33401

7. Name and Address of New Registered Agent

Name **Brock, Peter**
 Street Address (P.O. Box Number is Not Acceptable)
4650 Donald Ross Rd
Suite 200
 City **Palm Beach Gardens FL** Zip Code **33418**

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

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

4/3/08

DATE

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 # **L04000010079**
 NAME **HSP, LLC**
 STREET ADDRESS **1551 FORUM PLACE SUITE 100**
 CITY-ST-ZIP **WEST PALM BEACH, FL 33401**

13. ADDRESS CHANGES ONLY

STREET ADDRESS **4650 Donald Ross Rd, Ste 200**
 CITY-ST-ZIP **Palm Beach Gardens, FL 33418**

STREET ADDRESS
 CITY-ST-ZIP **700122557857**
04/08/08--01023--010 **500.00

STREET ADDRESS
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STREET ADDRESS
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STREET ADDRESS
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STREET ADDRESS
 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/3/08

DATE

Daytime Phone #

STAPLE CHECK HERE