



2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 APR 24 AM 11:15

DOCUMENT #A05000001731 1. Entity Name WORTHINGTON HOSPITALITY, LLLP	
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Principal Place of Business 1601 WORTHINGTON ROAD WEST PALM BEACH, FL 33409	Mailing Address 1601 WORTHINGTON ROAD WEST PALM BEACH, FL 33409
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2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	01092006 Chg-LP CR2E003 (11/05)
City & State	City & State	4. FEI Number 20-3524417
Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent GERSTIN, JOSHUA 1499 W. PALMETTO PARK RD. #412 BOCA RATON, FL 33348-6	7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____
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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, 2006, Fee will be \$900.00

500074089955
05/08/06--01009--012 **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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P05000109947	STREET ADDRESS	
NAME	WORTHINGTON HOSPITALITY, INC.	CITY-ST-ZIP	
STREET ADDRESS	1601 WORTHINGTON ROAD		
CITY-ST-ZIP	WEST PALM BEACH, FL 33409		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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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**
 Date _____ Daytime Phone # _____

STAPLE CHECK HERE