


**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

**FILED**


<b>DOCUMENT #</b> A05000002274	
1. Entity Name IDC CENTER HOTELS, LTD.	

Principal Place of Business 880 S. PLEASANTBURG DRIVE, SUITE 3-G GREENVILLE, SC 29607	Mailing Address 880 S. PLEASANTBURG DRIVE, SUITE 3-G GREENVILLE, SC 29607
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2. Principal Place of Business <i>60 Pointe Circle</i>	3. Mailing Address <i>60 Pointe Circle</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <i>Greenville SC</i>	City & State <i>Greenville SC</i>
Zip <i>29615</i>	Zip <i>29615</i>
Country	Country

06 MAY -1 PM 1:36  
 06 MAY -1 PM 1:22  
 SECRETARY OF STATE  
 TALLAHASSEE FLORIDA  
 TALLAHASSEE FLORIDA



04182006 Chg-LP CR2E003 (11/05)

6. Name and Address of Current Registered Agent CUIOTTO, DONALD J 300 S. ORANGE AVE., SUITE 1000 ORLANDO, FL 32801		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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**

**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 #	L05000052570	STREET ADDRESS	<i>60 Pointe Circle</i>
NAME	SK INVESTMENTS, LLC	CITY-ST-ZIP	<i>Greenville SC 29615</i>
STREET ADDRESS	880 S. PLEASANTBURG DRIVE, SUITE 3-G		
CITY-ST-ZIP	GREENVILLE, SC 29607		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	<b>800074755878</b>
NAME		CITY-ST-ZIP	<b>05/17/06--01019--004 ***500.00</b>
STREET ADDRESS			
CITY-ST-ZIP			
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CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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 202, Florida Statutes.

**SIGNATURE:** *[Signature]* **DATE:** *4/15/06* **DAYTIME PHONE #:** *864 232 9944*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STAPLE CHECK HERE