

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Mar 05, 2004 08:00 AM
Secretary of State

DOCUMENT # A06377	
1. Entity Name HOTELERAMA ASSOCIATES, LTD.	

Principal Place of Business 4441 COLLINS AVE. STE 452-456 MIAMI BEACH, FL 33140	Mailing Address 4441 COLLINS AVE. STE 452-456 MIAMI BEACH, FL 33140
---	---

2. Principal Place of Business	3. Mailing Address
---------------------------------------	---------------------------

Suite, Apt. #, etc.	Suite, Apt. #, etc.
---------------------	---------------------

City & State	City & State
--------------	--------------

Zip	Country	Zip	Country
-----	---------	-----	---------

5. Name and Address of Current Registered Agent			
--	--	--	--

KURTZMAN, ALAN M 4441 COLLINS AVENUE MIAMI BEACH, FL 33140			
--	--	--	--



01122004 Chg-LP CR2E003 (10/03)

4. FEI Number 59-1805724	Applied For ☐ Not Applicable
------------------------------------	--

5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
--	---------------------------------------

6. Name and Address of Current Registered Agent			
--	--	--	--

7. Name and Address of New Registered Agent			
Name			
Street Address (P.O. Box Number is Not Acceptable)			
City			
FL 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.

SIGNATURE	DATE
------------------	------

9. Capital Contributions as Shown on record. \$7,905,693.36	10. Amount of Capital Contributions in FLORIDA to date.
--	--

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 # 566110	STREET ADDRESS
NAME KDM CORPORATION	CITY-ST-ZIP
STREET ADDRESS 4441 COLLINS AVE STE 452-456	
CITY-ST-ZIP MIAMI BEACH, FL	

DOCUMENT #	STREET ADDRESS
NAME	CITY-ST-ZIP
STREET ADDRESS	
CITY-ST-ZIP	

DOCUMENT #	STREET ADDRESS
NAME	CITY-ST-ZIP
STREET ADDRESS	
CITY-ST-ZIP	

DOCUMENT #	STREET ADDRESS
NAME	CITY-ST-ZIP
STREET ADDRESS	
CITY-ST-ZIP	

DOCUMENT #	STREET ADDRESS
NAME	CITY-ST-ZIP
STREET ADDRESS	
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 exemption stated in Section 119.07(3)(f), 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:	By KDM Corporation, CA	Date 3/4/04	Daytime Phone # 305 535 3222
-------------------	-------------------------------	--------------------	-------------------------------------

By Alan M. Kurtzman, Treas.

STAPLE CHECK HERE