

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

**FILED**  
**Feb 03, 2006 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**



01252006 No Chg-LP

CR2E003 (11/05)

**DO NOT WRITE IN THIS SPACE**

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

**FRANTZMAN, JEFF  
4441 COLLINS AVENUE  
MIAMI BEACH, FL 33140**

**DO NOT WRITE  
IN THIS SPACE**

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.

DATE

**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

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

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**U000000418084  
02/13/06-80080-022 500.00**

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IN THIS SPACE**

STAPLE CHECK HERE

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:

TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #