2007 LIMITED PÄRTNERSHIP ANNUAL REPORT Due By May 1, 2007

DO NOT WRITE IN THIS SPACE

FILED Mar 02, 2007 08:00 A Secretary of State

DOCUMENT # A08

1. Entity Name
FLORIDA LODGING, LLLP



Principal Place of Business

C/O FLORIDA MANAGEMENT COMPANY P.O. BOX 3267 WEST PALM BEACH, FL 33402 Mailing Address

C/O FLORIDA MANAGEMENT COMPANY P.O. BOX 3267 WEST PALM BEACH, FL 33402



01082007 No Chg-LP

CR2E003 (12/06)

4. FEI Number 59-1999448 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ECCLESTONE, E.L., JR. 1555 PALM BEACH LAKES BLVD. WEST PALM BEACH, FL. 33401

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The above named entity submits this statement for the purpos	e 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 little if applica	IDIe	DATE

FILE NOW!!! FEE IS \$500.00 After May 1, 2007, Fee will be \$900.00 - U00000654495 <u>1/13/07-80064-008-508-75</u>

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.

GENERAL PARTNER INFORMATION 12. P98000030670 DOCUMENT # NORTH COUNTY RESORT COMPANY NAME STREET ADDRESS 1555 PALM BCH LAKES BLVD, STE. 1100 CUY-ST-7IP W. PALM BEACH, FL 33401 **DOCUMENT** NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY - ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP **DOCUMENT #** NAME STREET ADDRESS

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14. I hereby certify that the information supplied with this filting 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:

RON COOPER

2/28/07

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING GENERAL PARTY CUTTY VICE PRESIDENT

Daytme Phone #