

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 8, 2004

FILED
Aug 23, 2004 08:00 AM
Secretary of State

DOCUMENT # A09839

1. Entity Name
SKYCENTER HOTEL COMPANY, LTD.



Principal Place of Business
551 FIFTH AVENUE, SUITE 1916
NEW YORK, NY 10176

Mailing Address
551 FIFTH AVENUE, SUITE 1916
NEW YORK, NY 10176



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

08122004 Chg-LP CR2E003 (10/03)

4. FEJ Number
58-1434245

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

INTRASTATE REGISTERED AGENT CORPORATION
701 BRICKELL AVENUE, SUITE 3000
MIAMI, FL 33131-3209

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

Signature, typed or printed name of registered agent and title if applicable

DATE

9. Capital Contributions as Shown on record. **\$1,354,157.10**

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 #
 NAME **PIROVANO, JOHN**
 STREET ADDRESS **551 FIFTH AVENUE SUITE 1916**
 CITY- ST- ZIP **NEW YORK, NY 10176**

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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:

John Pirovano

08/12/04

(212) 370 0202

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE