

2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED

05 APR 19 PM 4:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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
225 West Wacker Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.
Suite 1500

City & State

City & State
Chicago, IL

Zip

Country

Zip
60606

Country

USA

01272005

Chg-LP

CR2E003 (10/03)

4. FEI 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

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

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

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

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

DOCUMENT #
NAME
STREET ADDRESS
CITY- ST- ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY- ST- ZIP

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DOCUMENT #
NAME
STREET ADDRESS
CITY- ST- ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS
CITY- ST- ZIP

STREET ADDRESS
CITY- ST- ZIP

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STREET ADDRESS
CITY- ST- ZIP

000054021770
05/06/05--01083--010 **526.25

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 A. Pirovano

4/13/05

312-917-1813

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE