

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

DOCUMENT # A09839

1. Entity Name
SKYCENTER HOTEL COMPANY, LTD.



FILED

06 MAY -1 AM 8:48

**SECRETARY OF STATE
TALLAHASSEE FLORIDA**

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

Mailing Address
~~551 FIFTH AVENUE, SUITE 1916~~
~~NEW YORK, NY 10176~~
SECOND REQUEST-PLEASE CHANGE



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
225 West Wacker Drive
Suite, Apt. #, etc.
Suite 1500
City & State
Chicago, IL
Zip Country
60606 USA

04132006 Chg-LP CR2E003 (11/05)

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

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			13. ADDRESS CHANGES ONLY	
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP	
	PIROVANO, JOHN	551 FIFTH AVENUE SUITE 1916		
		NEW YORK, NY		
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP	
				500075014765
				05/22/06--01013--016 **500.00
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	CITY-ST-ZIP	

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:

John Pirovano

4/18/06

312-917-1813

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #