## '2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

## **DOCUMENT # A09839**

Entity Name

SKYĆENTER HOTEL COMPANY, LTD.



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

Principal Place of Business

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

225 WEST WACKER DRIVE, SUITE 1500

CHICAGO, IL 60606



DO NOT WRITE IN THIS SPACE

O1182007 No Chg-LP

CR2E003 (12/06)

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

## DO NOT WRITE IN THIS SPACE

the obligat	ions of registered agent.	registered office or registered agent, or both, in the State of Florida. Lam familiar with, and accept \$10000654472 \$10000654472 03/13/07-80062-019 500.00	it .
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable.	DATE	
•	Signature, typed or printed harrie of regulatied agent and unit in applicable.	DATE 1 4 by 2 cm	<del></del>
. "	FILE NOW!!! FEE IS \$500.00 After May 1, 2007, Fee will be \$900.0	<b>1.00</b> (1 <del>000,000,5447</del> 2	
	A GENERAL PARTNER THAT IS A BUSINESS ENTI NOTE: General Partners MAY NOT be changed on the	TITY MUST BE REGISTERED AND ACTIVE WITH THIS CONTICE A SUB- ne form; an amendment must be filed to change a general partner.	
12.	GENERAL PARTNER INFORMATION		74
DOCUMENT #			- 1
NAME	PIROVANO, JOHN		ſ
STREET ADDRESS	551 FIFTH AVENUE SUITE 1916		
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.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 specurate 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 empowerful to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

DOCUMENT #'
NAME
STREET ADDRESS
CITY-ST-ZIP

John Pirovano

2/27/07

312-917-1813