

2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005


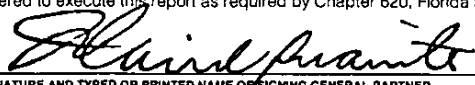
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04042005 Chg-LP CR2E003 (10/03)

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|---|-------------------|---|---|--|--|
| DOCUMENT # A14497 | | | |  | |
| 1. Entity Name 40 LOVE ASSOCIATES, LTD. | | | | | |
| Principal Place of Business 40 BEAVER STREET 5TH FLOOR ALBANY, NY 12207 | | | Mailing Address 40 BEAVER STREET 5TH FLOOR ALBANY, NY 12207 | | |
| 2. Principal Place of Business | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | Country | Zip | Country | 4. FEI Number 13-3172521 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For Not Applicable | |
| 6. Name and Address of Current Registered Agent PAGE, JAMES F JR., ESQ 201 E. PINE STREET SUITE 1200 ORLANDO, FL 32801 | | | | 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small> | | | | | |
| 9. Capital Contributions as Shown on record. \$2,250,000.00 | | 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 # | L17057 | STREET ADDRESS | | | |
| NAME | 40 HOTEL CORP. | CITY-ST-ZIP | | | |
| STREET ADDRESS | 40 BEAVERS STREET | | | | |
| CITY-ST-ZIP | ALBANY, NY 12207 | | | | |
| DOCUMENT # | | STREET ADDRESS | | | |
| NAME | | CITY-ST-ZIP | | | |
| STREET ADDRESS | | | | | |
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| NAME | | CITY-ST-ZIP | | | |
| STREET ADDRESS | | | | | |
| CITY-ST-ZIP | | | | | |
| 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:  | | Date: 4/5/05 | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER | | Daytime Phone # | | | |

STAPLE CHECK HERE