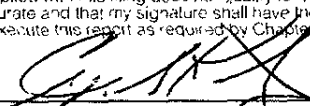


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
May 04, 2004 08:00 AM
Secretary of State

DOCUMENT # A21581 1. Entity Name KISSIMMEE LODGE, LTD.					
Principal Place of Business 2424 ROUTE 52 HOPEWELL JUNCTION, NY 12533			Mailing Address 2424 ROUTE 52 HOPEWELL JUNCTION, NY 12533		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		4. FEI Number 13-3321652	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent PRENTICE-HALL CORPORATION SYSTEM 1201 HAYS STREET TALLAHASSEE, FL 32301				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				DATE	
9. Capital Contributions as Shown on record \$800.00		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 #	H91100		STREET ADDRESS		
NAME	DAYS KISSIMMEE ASSOCIATES, INC.		CITY, ST, ZIP		
STREET ADDRESS	2424 ROUTE 52		CITY, ST, ZIP		
CITY, ST, ZIP	HOPEWELL JUNCTION, NY 12533		CITY, ST, ZIP		
DOCUMENT #			STREET ADDRESS		
NAME			CITY, ST, ZIP		
STREET ADDRESS			CITY, ST, ZIP		
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NAME			CITY, ST, ZIP		
STREET ADDRESS			CITY, ST, ZIP		
CITY, ST, ZIP			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: 4/30/04		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER					

STAPLE CHECK HERE

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 05/10/04-80018-006 141.25