2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

FILED May 16, 2005 08:00 AM Secretary of State

DOCUMENT # A21581 1. Entity Name KISSIMMEE LODGE, LTD.					Secretary of State	
Principal Place of Business 2424 ROUTE 52 HOPEWELL JUNCTION, NY 12533 Mailing Address - 2424 ROUTE 52 HOPEWELL JUNCTION			N, NY 125	33		
2. Principal I	2. Principal Place of Business 3. Mailing Address			APO Ministra V. A A		
Suite, Apt	. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		04292005 Chg-LP CR2E003 (10/03)	
City & State		City & State		a Trace and the second	4. FEI Number Applied For 13-3321652 Not Applicable	
Zip	Country	Zip	Country		5. Certificate of Status Desired S8.75 Additional Fee Required	
	Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
1201 HAY	PRENTICE-HALL CORPORATION SYSTEM 1201 HAYS STREET TALLAHASSEE, FL 32301				Street Address (P.O. Box Number is Not Acceptable)	
	,			City	FL Zip Code	
8. The above	e named entity submits this statement tions of registered agent.	ed agent, or both, in the State of Florida. I am familiar with, and accept				
SIGNATURE						
9. Capital Contributions as Shown on record. \$800.00 in FLORIDA to date.						
	A GENERAL PARTNE	R THAT IS A BUSINESS E	ENTITY M	UST BE REGIST	TERED AND ACTIVE WITH THIS OFFICE. It must be filed to change a general partner.	
12.					ADDRESS CHANGES ONLY	
DOCUMENT #	H91100 DAYS KISSIMMEE ASSOCIATES, INC.			ET ADDRESS		
STREET ADDRESS CITY - ST - ZIP	1424 ROUTE 52 HOPEWELL JUNCTION, NY 12533		ST-ZIP			
DOCUMENT #				TACORESS	05/16/05-80001-003 141.25	
STREET ADDRESS CITY-ST-ZIP			CITY -	ST - ZIP		
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NAME STREET ADDRESS CITY-ST-ZIP	TREET ADDRESS			ST-ZIP		
14. I hereby indicated the receiver	certify that the information supplied on this report is true and accurate a ver or trustee empowered to execute	with this filling does not qualify and that my signature shall hav this report as required by Cha	for the exem re the same apter 600 F	notion stated in Sec legal effect as if m lorida Statutes	ction 119.07(3)(i), Florida Statutes. I further certify that the information ade under oath; that I am a General Partner of the limited partnership or	
SIGNATURE: 4/29/07						
	SIGNATURE AND TYPE	OTH PARTIED NAME OF SIGNING GENE	ERAL PARTNER	*	Date Daytime Phone #	