2005 LIMITED PARTNERSHIP ANNUAL REPOR **DUE BY MAY 1. 2005** DOCUMENT # A24132 1. Entity Name

FILED 2005 MAY -4 PM 12: 04 AIRLINER HOTELS, LTD. LLLP SECRETARY OF STATE TALLAHASSEE. FLORIDA Principal Place of Business Mailing Address 3535 HIAWATHA AVE., SUITE 101 3535 HIAWATHA AVE., SUITE 101 MIAMI FL 33133 MIAMI FL 33133 3. Mailing Address 2. Principal Place of Business 4649 Ponce de Leon Blvd. 4649 Ponce de Leon Blvd. Suite, Apt. #, etc. Suite, Apt. #, etc. 1ST MOORE CR2E003 (10/04) Suite 403 Suite 403 City & State Applied For City & State 4. FEI Number 59-2767144 Coral Gables, Coral Gables, FLNot Applicable FI Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 33146 U.S.A. 33146 U.S.A. Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BELLAMY, ROBERT R Street Address (P.O. Box Number is Not Acceptable) 3535 HIAWATHA AVE., SUITE 101 MIAMI FL 33133-4077 Zip Code FL 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. 11. FILE NOW!!! Due by May 1, 2005. See Block 11 instructions for fee info. Signature, typed or printed name of registered agent and title if applicable DATE 10. Amount of Capital Contributions in FLORIDA to date. \$1,700,000.00 9. Capital Contributions \$1,700,000.00 as Shown on record. 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 13. 12. DOCUMENT # P14313 STREET ADDRESS NAME **BIG FLAG COMPANY** STREET ADDRESS ONE E. LIBERTY ST., #416 CITY-ST-7IP CITY-ST-7IP RENO NV DOCUMENT # STREET ADDRESS NAME 100055723251 06/06/05--01006--005 \*\*\*526.25 STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP DOCUMENT ( STREET ADDRESS NAME STREET ADDRESS CITY-ST-7/P CITY-ST-7IP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DOCUMENT 4 STREET ADDRESS

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

CITY-ST-ZIP

SIGNATURE:

STAPLE

NAME STREET ADDRESS

CITY-ST-ZIP

Robert R. Bellamy, 4/26/05

305-856-5561

Daytime Phone #