2006 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2006

DOCUMENT # A24182

1. Entity Name

CRI HOTEL INCOME PARTNERS, L.P., LIMITED **PARTNERSHIP**

Principal Place of Business

11200 ROCKVILLE PIKE

SUITE 500 ROCKVILLE, MD 20852 Mailing Address

11200 ROCKVILLE PIKE

SUITE 500

ROCKVILLE, MD 20852

FILED Feb 06, 2006 08:00 AN **Secretary of State**



DO NOT WRITE IN THIS SPACE

01182006 No Chg-LP

CR2E003 (11/05)

4. FEI Number 52-1500621 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331

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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 abligations of registered agent, or both, in the State of Florida.
	the obligations of registered agent.
s	GNATURE
-	Signature, typed or printed name of registered agent and little if applicable.

FILE NOW!!! FEE IS \$500,00 After May 1, 2006, Fee will be \$900.00

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 A27036 DOCUMENT # CRICO HOTEL ASSOCIATES I, LIMITED PARTNERS NAME STREET ADDRESS 11200 ROCKVILLE PIKE CITY-ST-ZIP ROCKVILLE, MD 20852 DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT #

U00000424057 02/18/06-80032-015 500.00

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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 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:

SIGNATURE AND TYPED OR

Randolph E. Lee, Jr.

301-468-9200

NAME

STREET ADDRESS CITY-ST-7IP

DOCUMENT # NAME STREET ADDRESS CATY-ST-ZIP DOCUMENT #

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