


**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2005**

**FILED**  
**Apr 27, 2005 08:00 AM**  
**Secretary of State**

|   |                          |                    |  |  |  |
|---|--------------------------|--------------------|--|--|--|
| <b>DOCUMENT # A25403</b><br>1. Entity Name<br><b>AMERICANA GULF MOTELS LIMITED PARTNERSHIP</b>  |                          |                    |  |   |  |
| Principal Place of Business<br><b>325 SOUTH GULFVIEW BLVD.<br/>         CLEARWATER, FL 34630</b>  |                          |                    | Mailing Address<br><b>325 SOUTH GULFVIEW BLVD.<br/>         CLEARWATER, FL 34630</b> |  |  |
| 2. Principal Place of Business  |                          | 3. Mailing Address |  |  |  |
| Suite Apt. #, etc.  |                          | Suite Apt. #, etc. |  |  |  |
| City & State  |                          | City & State       |  |  |  |
| Zip   |                          | Country            |  | 03242005 Chg-LP CR2E003 (10/03)  |  |
| 4. FEI Number<br><b>59-2758820</b>  |                          |                    |  | Applied For<br>Not Applicable  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |                          |                    |  | <b>\$8.75 Additional Fee Required</b>  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>OROSZ, EDITH<br/>         325 SOUTH GULFVIEW BLVD.<br/>         CLEARWATER, FL 34630</b>  |                          |                    |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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 _____<br><small>Signature, typed or printed name of registered agent and file if applicable.</small>   |                          |                    |  |  |  |
| 9. Capital Contributions as Shown on record. <b>\$2,129,247.00</b>  |                          |                    | 10. Amount of Capital Contributions in FLORIDA to date.                              |  |  |
| <b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b><br><b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>   |                          |                    |  |  |  |
| 12. GENERAL PARTNER INFORMATION   |                          |                    |  | 13. ADDRESS CHANGES ONLY   |  |
| DOCUMENT #  | G84864                   |                    |  | STREET ADDRESS   |  |
| NAME  | AMERICANA EAST INVST INC |                    |  | CITY - ST - ZIP  |  |
| STREET ADDRESS  | 325 SOUTH GULFVIEW BLVD. |                    |  |  |  |
| CITY - ST - ZIP   | CLEARWATER, FL           |                    |  |  |  |
| DOCUMENT #  |                          |                    |  | STREET ADDRESS   |  |
| NAME  |                          |                    |  | CITY - ST - ZIP  |  |
| STREET ADDRESS  |                          |                    |  |  |  |
| CITY - ST - ZIP   |                          |                    |  |  |  |
| DOCUMENT #  |                          |                    |  | STREET ADDRESS   |  |
| NAME  |                          |                    |  | CITY - ST - ZIP  |  |
| STREET ADDRESS  |                          |                    |  |  |  |
| CITY - ST - ZIP   |                          |                    |  |  |  |
| DOCUMENT #  |                          |                    |  | STREET ADDRESS   |  |
| NAME  |                          |                    |  | CITY - ST - ZIP  |  |
| STREET ADDRESS  |                          |                    |  |  |  |
| CITY - ST - ZIP   |                          |                    |  |  |  |
| DOCUMENT #  |                          |                    |  | STREET ADDRESS   |  |
| 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)(f), 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 |                          |                    |  |  |  |
| <b>SIGNATURE:</b> <i>Clara Boldog</i> <b>Clara Boldog</b> 4/14/05 727-595-7201  |                          |                    |  |  |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>   |                          |                    |  |  |  |

STAPLE CHECK HERE

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