2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

SECRETARY OF STATE DIVISION OF CORPORATIONS DOCUMENT # A25403 06 APR 24 AM 10: 42 AMERICANA GULF MOTELS LIMITED PARTNERSHIP Principal Place of Business Mailing Address 325 SOUTH GULFVIEW BLVD. 325 SOUTH GULFVIEW BLVD. CLEARWATER, FL 34630 CLEARWATER, FL 34630 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03292006 CR2E003 (11/05) 3705 Tampa Road - Robbert 2015 Tampa Road - Roste 1A City & State City & State Applied For 4. FEI Number Oldsmar Not Applicable nidsmar. 59-2758820 Country \$8.75 Additional Zip 5. Certificate of Status Desired ろみぴココ USA Fee Required AZV 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Edith Drosz OROSZ, EDITH Street Address (P.O. Box Number is Not Acceptable) 325 SOUTH GULFVIEW BLVD. CLEARWATER, FL 34630 3705 Tampa Road - Route 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 Edith Opera Signature, typed or printed name of registered agent and title 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. GENERAL PARTNER INFORMATION 12. ADDRESS CHANGES ONLY DOCUMENT / G84864 STREET ADDRESS 3705 Tampa Road - Rosh IA NAME AMERICANA EAST INVST INC STREET ADDRESS 325 SOUTH GULFVIEW BLVD. CITY-ST-ZIP Oldsmar, FL CITY-ST-ZIP CLEARWATER, FL DOCUMENT # STREET ANDRESS NAME STREET ADDRESS CITY-ST-ZIP OOCUMENT # STREET ADDRESS NAME STREET ADDRESS 500074078155 05/05/06--01045--005 ***500.08- CITY-ST-ZIP CRY-ST-7IP DOCHMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY-ST-7IP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-78P 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

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTHER

SIGNATURE:

04/11/06 727- \(\sigma 970-720\)
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