
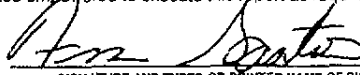


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Feb 11, 2004 08:00 AM
Secretary of State

| | | | | | |
|---|----------------------------------|-----|--|--|--|
| DOCUMENT # A26920 | | | |  | |
| 1. Entity Name CONVENTION HOTEL PARTNERS, LTD. | | | | | |
| Principal Place of Business 9840 INTERNATIONAL DRIVE ORLANDO, FL 32819 | | | Mailing Address 9840 INTERNATIONAL DRIVE ORLANDO, FL 32819 | | |
| 2. Principal Place of Business | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | Country | Zip | Country | 01062004 Chg-LP CR2E003 (10/03) | |
| 6. Name and Address of Current Registered Agent | | | | 4. FEI Number 59-2950418 | |
| ROSEN, HARRIS 7600 INTERNATIONAL DRIVE ORLANDO, FL 32819 | | | | Applied For | |
| | | | | Not Applicable | |
| | | | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| | | | | 7. Name and Address of New Registered Agent | |
| | | | | Name | |
| | | | | Street Address (P.O. Box Number is Not Acceptable) | |
| | | | | City | |
| | | | | FL 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 _____ <small>Signature, typed or printed name of registered agent and file if applicable.</small> | | | | | |
| 9. Capital Contributions as Shown on record. \$12,500,000.00 | | | 10. Amount of Capital Contributions in FLORIDA to date. | | |
| 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 | | | | 13. ADDRESS CHANGES ONLY | |
| DOCUMENT # | A97000002423 | | | STREET ADDRESS | |
| NAME | ROSEN MASTER PARTNERSHIP, LTD. ✓ | | | CITY-ST-ZIP | |
| STREET ADDRESS | 9840 INTERNATIONAL DRIVE | | | | |
| CITY-ST-ZIP | ORLANDO, FL 32819 | | | | 1400000069162 02/25/04-80001-021 525.25 |
| DOCUMENT # | | | | STREET ADDRESS | |
| NAME | | | | CITY-ST-ZIP | |
| STREET ADDRESS | | | | | |
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| 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 | | | | | |
| SIGNATURE:  | | | | 1/21/04 407-996-9840 | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small> | | | | <small>Date DayTime Phone #</small> | |

STAPLE CHECK HERE