

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
Feb 28, 2005 08:00 AM
Secretary of State

DOCUMENT # A28165

1. Entity Name
OUTRIGGER LODGING SERVICES LIMITED
PARTNERSHIP



Principal Place of Business
1600 VENTURA BLVD.
SUITE 1010
ENCINO, CA 91436

Mailing Address
P.O. BOX 88298
HONOLULU, HA 96830-8298



2. Principal Place of Business

3. Mailing Address

Suite, Apt #, etc

Suite, Apt #, etc

City & State

City & State

Zip

Country

Zip

Country

02152005 Chg-LP CR2E003 (10/03)

4. FEI Number
95-4181890

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324

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

Signature, typed or printed name of registered agent and title if applicable

DATE

9. Capital Contributions
as Shown on record \$0.00

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 # F95000002431
NAME OUTRIGGER LODGING MANAGEMENT, INC.
STREET ADDRESS 2375 KUHIO AVE.
CITY-ST-ZIP HONOLULU, HI 96815

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT # F93000001254
NAME FITTS LODGING SERVICES
STREET ADDRESS 229 SOUTH STATE STREET
CITY-ST-ZIP DOVER, DE

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

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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 19.07(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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

MARTIN MONAHAN SR VP - CONTROLLER OFS 2/15/05 818-905-8280