

2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004

DOCUMENT # A31739 1. Entity Name SOUTHEASTERN HOTELS LIMITED PARTNERSHIP	
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Principal Place of Business 7601 SCENIC HIGHWAY PENSACOLA FL 32504	Mailing Address P.O. BOX 799 SPRINGVILLE AL 35146
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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6. Name and Address of Current Registered Agent

SINGH, BIKRAM J. 7601 SCENIC HIGHWAY PENSACOLA FL 32504
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02/21/04 04 FEB 13 AM 10:12

MOORE CR2E003 (11/03)

4. FEI Number 59-3072799	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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
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9. Capital Contributions as Shown on record. \$25,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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 #	P34602	STREET ADDRESS	
NAME	S.E. HOTELS MGMT., INC.	CITY-ST- ZIP	
STREET ADDRESS	7601 SCENIC HIGHWAY		
CITY-ST- ZIP	PENSACOLA FL		
DOCUMENT #		STREET ADDRESS	200030119372
NAME		CITY-ST- ZIP	03/09/04-01056-013 **263.75
STREET ADDRESS			
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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)(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: 	2/5/2004	(850) 477-7155
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE