


2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED

2005 APR 21 PM 2:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A31739 1. Entity Name SOUTHEASTERN HOTELS LIMITED PARTNERSHIP					
Principal Place of Business 7601 SCENIC HIGHWAY PENSACOLA, FL 32504			Mailing Address P.O. BOX 799 SPRINGVILLE, AL 35146		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3072799	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SINGH, BIKRAM J. 7601 SCENIC HIGHWAY PENSACOLA, FL 32504			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 title if applicable</small>					
9. Capital Contributions as Shown on record. \$25,000.00		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 #	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		
NAME			CITY-ST-ZIP		
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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)(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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			4/15/05 205-629-6148 <small>Date Daytime Phone #</small>		

STAPLE CHECK HERE

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