2007 LIMITED PARTNERSHIP ANNUAL REPORT, Due By May 1, 2007

DOCUMENT # A32200 1. Entity Name ADMIRAL'S INN, LTD



Principal Place of Business 5665 CYPRESS GARDENS BLVD. WINTER HAVEN, FL 33884 Mailing Address 5665 CYPRESS GARDENS BLVD. WINTER HAVEN, FL 33884

FILED Apr 27, 2007 08:00 A Secretary of State



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

VAN DIVER, JEFF 5665 CYPRESS GARDENS BLVD. WINTER HAVEN, FL 33884

STAPLE CHECK HERE

SIGNATURE

04232007 No Chg-LP

5. Certificate of Status Desired

4. FEI Number 59-3090876 CR2E003 (12/06)

DATE

Not Applicable \$8.75 Additional Fee Required

Applied For

Θb

DO NOT WRITE IN THIS SPACE

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 little if applicable.

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1	FILE	NO	WIII	FEE	18 \$5	500.	00
fter	May	r.1,	2007	', Poi	s will	be	\$900.0

E AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

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				
DOCUMENT #	P20398				
NAME	E.N.D., INC.				
STREET ADDRESS	888 S. BROADWAY				
CITY-ST-ZIP	BALTIMORE, MD				
DOCUMENT #					
NAME					
STREET ADDRESS					
CLTY - ST - ZIP					
DOCUMENT #					
NAME					
STREET ADDRESS		DO NOT WRITE			
CITY-ST-ZIP					
DOCUMENT#		IN THIS SPACE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
DOCUMENT #					
NAME		;			
STREET ADDRESS		0000070000			
CITY-ST-ZIP					
DOCUMENT #		05/14/07-30022-008 500.			
NAME					
STREET ADDRESS					
CITY-ST-21P					
14. I hereby	certify that the information supplied with this filing does not qualify fo	r the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information			

. 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 eppewared to execute this report as required by Chapter 620, Florida Statutes