2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

Due By May 1, 2006 _FILED DOCUMENT # A96000000882 Apr 27, 2006 08:00 Al Secretary of State 1. Entity Name PURE LODGING, LTD. Principal Place of Business Mailing Address 613-B BEACHVIEW DR. P.O. BOX 20287 ST. SIMONS ISLAND, GA 31522 ST. SIMONS ISLAND, GA 31522 04242006 No Chg-LP CR2E003 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3377171 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SMITH, HUSLEY & BUSEY DO NOT WRITE 225 WATER STREET, STE. 1800 JACKSONVILLE, FL 32202 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. 1100000539048 <u>05/09/06-80078-015 500.00</u> Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$500.00 After May 1, 2006, Fee will be \$900.00 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. GENERAL PARTNER INFORMATION 12. F96000002322 DOCUMENT # INN 2000, INC. STREET ADDRESS 613-B BEACHVIEW DR. CITY-ST-ZIP ST. SIMONS ISLAND, GA 31522 DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE DOCUMENT # NAME STREET ADDRESS CITY - ST- 7IP DOCUMENT # NAME STREET ADDRESS CITY - ST- 7IP DOCUMENT

14. 1 hereby certify that the information supplied with this filling 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 empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE // SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING GENERAL PARTY

NAME STREET ADDRESS CITY-ST-ZIP

12406 912 9960338