


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

DOCUMENT # A96000000959 1. Entity Name AMERICAN PREMIER LODGING, LTD.	
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FILED
 04 MAY 12 PM 12:52
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business 4314 PABLO OAKS COURT JACKSONVILLE, FL 32224	Mailing Address 4314 PABLO OAKS COURT JACKSONVILLE, FL 32224
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2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country

04232004 Chg-LP CR2E003 (10/03)

4. FEI Number 59-3423563	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent TOOMEY, MARY A 4314 PABLO OAKS CT. JACKSONVILLE, FL 32224
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7. Name and Address of New Registered Agent Name Nanette Putnam Drilins Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 <i>Nanette Putnam Drilins</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE 4-28-04

9. Capital Contributions as Shown on record. \$990.00	10. Amount of Capital Contributions in FLORIDA to date.
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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 # P00000075281 NAME LANDCOM HOSPITALITY II, INC. STREET ADDRESS 4314 PABLO OAKS COURT CITY-ST-ZIP JACKSONVILLE, FL 32224	STREET ADDRESS CITY-ST-ZIP
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 05/12/04-01013-013 **733.75

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: <i>Chel...</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>	VST	4-28-04	904-992-3700
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