



# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

## Due By September 7, 2005

<b>DOCUMENT # A96000000959</b> 1. Entity Name AMERICAN PREMIER LODGING, LTD.						<b>FILED</b> 05 AUG 22 PM 4:31 SECRETARY OF STATE TALLAHASSEE, FLORIDA  08162005 Chg-LP CR2E003 (10/03)	
Principal Place of Business 4314 PABLO OAKS COURT JACKSONVILLE, FL 32224				Mailing Address 4314 PABLO OAKS COURT JACKSONVILLE, FL 32224			
2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-3423563		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
City & State		City & State		6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
Zip		Country		Zip		Country	
ORLINS, NANETTE P <del>PERMANA</del> 4314 PABLO OAKS CT. JACKSONVILLE, FL 32224				Name <u>Nanette P Orkins</u> Street Address (P.O. Box Number is Not Acceptable)  City <u>FL</u> 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 <u>Nanette P Orkins</u> DATE <u>8-17-05</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>							
9. Capital Contributions as Shown on record: <u>\$990.00</u>				10. Amount of Capital Contributions in FLORIDA to date.			
In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.							
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>							
12. GENERAL PARTNER INFORMATION				13. ADDRESS CHANGES ONLY			
DOCUMENT #	P00000075281			STREET ADDRESS			
NAME	LANDCOM HOSPITALITY II, INC.			CITY-ST-ZIP			
STREET ADDRESS	4314 PABLO OAKS COURT			STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE, FL 32224			CITY-ST-ZIP			
DOCUMENT #				STREET ADDRESS			
NAME				CITY-ST-ZIP			
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NAME				CITY-ST-ZIP			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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: <u>Nanette P Orkins</u>				SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER <u>Nanette P Orkins</u>			
				Date <u>8/17/05</u> Daytime Phone # <u>904-992-3700</u>			

STAPLE CHECK HERE