2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

SECRETARY OF STATE DIVISION OF CORPORATIONS **DOCUMENT # A96000001719** 1. Entity Name 05 MAR 28 AH 8: 39 BRANDON HOTEL MANAGEMENT, LTD. Principal Place of Business Mailing Address 2817 N.E. 25TH COURT 2817 N.E. 25TH COURT FT. LAUDERDALE, FL 33305 FT. LAUDERDALE, FL 33305 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03172005 CR2E003 (10/03) Cha-LP 4 FEI Number Applied For City & State City & State 58-2265240 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SPARKMAN, STEVEN L Street Address (P.O. Box Number is Not Acceptable) 212 NORTH COLLINS STREET PLANT CITY, FL 33566 City 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 Signature, typed or printed name of registered agent and title if applicable DATE 10. Amount of Capital Contributions 9. Capital Contributions \$990.00 as Shown on record. 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. ADDRESS CHANGES ONLY 12. GENERAL PARTNER INFORMATION 13 F96000004772 DOCUMENT # STREET ADDRESS INTEGRITY HOTELS, INC. NAME STREET AUDRESS 115 PERIMETER CENTER PLACE, #1010 CITY-ST-ZIP 600049886596 04/05/05--01012--012 **141.25 CITY-ST-ZIP ATLANTA, GA 30346 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-21P CHY-ST-7IP DOCUMENT # STREET ADDRESS NAME STREET ADORESS COY-ST-ZIE DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP COY-SI-ZIP STAPLE DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling 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:

FILED

Daytime Phone #