

2005 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2005

DOCUMENT # A96000001930

1. Entity Name  
GRAND THEME HOTELS, LTD.



FILED

2005 MAY 16 A 11:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
7380 SANDLAKE ROAD  
SUITE 120  
ORLANDO, FL 32819

Mailing Address  
7380 SANDLAKE ROAD  
SUITE 120  
ORLANDO, FL 32819

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01112005

Chg-LP

CR2E003 (10/03)

4. FEI Number

59-3429640

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

9. Capital Contributions  
as Shown on record.

\$339,231.00

10. Amount of Capital Contributions  
in FLORIDA to date.

736,543.11

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 # P96000070971  
NAME GRAND THEME HOTELS, INC.  
STREET ADDRESS 7380 SANDLAKE ROAD, SUITE 120  
CITY-ST-ZIP ORLANDO, FL 32819

STREET ADDRESS

CITY-ST-ZIP

300054643723  
05/16/05--01004--016 \*\*526.25

DOCUMENT #  
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STREET ADDRESS

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE