

**2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007**

DOCUMENT # A97000000317 1. Entity Name TURNBERRY HOTEL GROUP OF ORLANDO, LTD.	
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Principal Place of Business ATTN: LEGAL DEPT. 19501 BISCAYNE BLVD., SUITE 400 AVENTURA, FL 33180	Mailing Address ATTN: LEGAL DEPT. 19501 BISCAYNE BLVD., SUITE 400 AVENTURA, FL 33180
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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FILED

2007 MAY 24 P 1:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03222007 Chg-LP CR2E003 (12/06)

4. FEI Number 65-0724342	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
HARTGLASS, LORI R 19501 BISCAYNE BLVD., SUITE 400 AVENTURA, FL 33180	

7. Name and Address of New Registered Agent	
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 _____	DATE _____
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**FILE NOW!!! FEE IS \$500.00
After May 1, 2007, 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.**

12. GENERAL PARTNER INFORMATION	
DOCUMENT #	P97000011157
NAME	TURNBERRY HOTEL GROUP OF ORLANDO, INC.
STREET ADDRESS	19501 BISCAYNE BLVD. SUITE 400
CITY-ST-ZIP	AVENTURA, FL 33180

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	

DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

STREET ADDRESS	600103824346
CITY-ST-ZIP	06/04/07 01002 000 **650.00

DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

STREET ADDRESS	
CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing 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: _____	Y-27-07	Date
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		
		Daytime Phone #

STAPLE CHECK HERE