
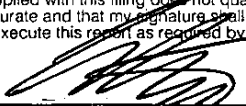


2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
V#00174
05 MAR 24 AM 9:30

DOCUMENT # A97000000764					
1. Entity Name MAK HOTEL ASSOCIATES, LTD.					
Principal Place of Business 2665 SOUTH BAYSHORE DRIVE PENTHOUSE IIA MIAMI, FL 33133			Mailing Address 2665 SOUTH BAYSHORE DRIVE PENTHOUSE IIA MIAMI, FL 33133		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 65-0747532			Applied For Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent MAK HOTEL MANAGEMENT, INC. 2665 SOUTH BAYSHORE DRIVE PENTHOUSE IIA MIAMI, FL 33133			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$594,000.00			10. Amount of Capital Contributions 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.					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	P97000029585		STREET ADDRESS		
NAME	MAK HOTEL MANAGEMENT, INC.		CITY-ST-ZIP		
STREET ADDRESS	2665 SOUTH BAYSHORE DRIVE, PENTHOUSE IIA				
CITY-ST-ZIP	MIAMI, FL 33133				
DOCUMENT #			STREET ADDRESS	200049555863	
NAME			CITY-ST-ZIP	03/31/05--01007--009 **526.25	
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NAME			CITY-ST-ZIP		
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:  EZRA KATZ			Date: 3/17/05		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date		

STAPLE CHECK HERE

(35) 854-5000