## 2004 LTMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

## May 04, 2004 08:00 AM Secretary of State **DOCUMENT # A97000001635** 1. Entity Name PONCE DE LEON HOTELS OF ORLANDO, LTD. Principal Place of Business Mailing Address 7380 SAND LAKE ROAD, SUITE 120 7380 SAND LAKE ROAD, SUITE 120 ORLANDO, FL 32819 ORLANDO, FL 32819 2. Principal Place of Business 3. Mailing Address Suite Apt. #, etc. Suite, Apt. #, etc. 04152004 Chg-LP CR2E003 (10/03) 4. FEI Number Applied For City & State City & State 59-3464124 Not Applicable Country 7<sub>10</sub> Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 Zip Code City FL 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 10. Amount of Capital Contributions \$7,500.00 as Shown on record in FLORIDA to date 79 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 GENERAL PARTNER INFORMATION 13. 12. P97000064586 DOCUMENT # STREET ADDRESS PONCE DE LEON HOTELS OF ORLANDO, INC. NAME 7380 SAND LAKE ROAD, SUITE 120 STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP ORLANDO, FL 32819 Hrmm0158979 05/10/04-90006-016 141.25 DOCHMENT 4 STREET ADDRESS NAME STREET ADDRESS CITY - ST - ZIP CITY-ST-ZiP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CHY-SI-ZIP CITY-ST-ZIP

14. Thereby 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** 

2 Richard C Kessler 4/2x/04 (407)996.

FILED