


**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2004**

**FILED**  
**Mar 10, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A97000002599</b>		
1. Entity Name <b>MIAMI HOTEL INVESTMENTS, LTD.</b>		

Principal Place of Business <b>1050 N.W. 14 STREET MIAMI FL 33136</b>	Mailing Address <b>1050 N.W. 14 STREET MIAMI FL 33136</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt #, etc.		Suite, Apt #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



MOORE CR2E003 (11/03)

6. Name and Address of Current Registered Agent	
<b>BURSTYN, JUDAH 1050 N.W. 14TH ST. MIAMI FL 33136</b>	

4. FEI Number <b>65-0797971</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

9. Capital Contributions as Shown on record. <b>\$540,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STAT. SEE REVERSE SIDE FOR FEE INFORMATION
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**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 # <b>P97000101518</b>	NAME <b>MIAMI HOTEL INVESTMENTS G.P., INC.</b>	STREET ADDRESS	
STREET ADDRESS <b>1050 N.W. 14TH STREET</b>		CITY-ST-ZIP	
CITY-ST-ZIP <b>MIAMI FL 33136</b>			<b>U00000094783 03/24/04-80004-008 535.00</b>
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	
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STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			

STAPLE CHECK HERE

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 the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

**SIGNATURE:**  **2/3/04** **(305) 3240200**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER