

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 7, 2005

DOCUMENT # A97000002599

1. Entity Name
MIAMI HOTEL INVESTMENTS, LTD.



FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

05 AUG 15 AM 10:00

Principal Place of Business
1050 N.W. 14 STREET
MIAMI, FL 33136

Mailing Address
1050 N.W. 14 STREET
MIAMI, FL 33136

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07262005

Chg-LP

CR2E003 (10/03)

4. FEI Number
65-0797971

Applied For
 Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

BURSTYN, JUDAH
1050 N.W. 14TH ST.
MIAMI, FL 33136

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

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

DATE

9. Capital Contributions
 as Shown on record. **\$540,000.00**

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 # **P97000101518**
 NAME **MIAMI HOTEL INVESTMENTS G.P., INC.**
 STREET ADDRESS **1050 N.W. 14TH STREET**
 CITY-ST-ZIP **MIAMI, FL 33136**

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800058887658
08/23/05--01043--001 **935.00

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