

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
May 06, 2005 08:00 AM
Secretary of State

DOCUMENT # A97000002623 1. Entity Name HRCF BAYSIDE HOTEL LIMITED					
Principal Place of Business 15500 ROOSEVELT BLVD., STE. 303 CLEARWATER, FL 33760			Mailing Address 15500 ROOSEVELT BLVD., STE. 303 CLEARWATER, FL 33760		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-3480463	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent HAYDON, ROGERS K JR 15500 ROOSEVELT BLVD., STE. 303 CLEARWATER, FL 33760				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. \$1,600,000.00			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 #	P97000077554			STREET ADDRESS	
NAME	HR BAYSIDE HOTEL, INC.			CITY-ST-ZIP	
STREET ADDRESS	15500 ROOSEVELT BLVD., STE. 303				
CITY-ST-ZIP	CLEARWATER, FL 33760				
DOCUMENT #	P97000077413			STREET ADDRESS	100000363517
NAME	CUTLER BAYSIDE HOTEL, INC.			CITY-ST-ZIP	05/06/05-80002-013 526.25
STREET ADDRESS	35388 U.S. HWY 19 NORTH				
CITY-ST-ZIP	PALM HARBOR, FL 34684				
DOCUMENT #	P97000100552			STREET ADDRESS	
NAME	FERRELL-JOHNSON, INC.			CITY-ST-ZIP	
STREET ADDRESS	123 SOUTH CLYDE AVE.				
CITY-ST-ZIP	KISSIMMEE, FL 34741				
DOCUMENT #				STREET ADDRESS	
NAME				CITY-ST-ZIP	
STREET ADDRESS					
CITY-ST-ZIP					
DOCUMENT #				STREET ADDRESS	
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)(f), 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: <u>ROGERS K. HAYDON, JR.</u> <u>4/13/05</u> <u>27.539.0777</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #</small>					

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