

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Apr 27, 2006 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



01202006 No Chg-LP

CR2E003 (11/05)

4. FEI Number
59-3480463

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HAYDON, ROGERS K JR
15500 ROOSEVELT BLVD., STE. 303
CLEARWATER, FL 33760

**DO NOT WRITE
IN THIS SPACE**

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

05/09/06-80078-019 500.00

FILE NOW!!! FEE IS \$500.00
After May 1, 2006, Fee will be \$900.00

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

DOCUMENT # P97000077554
NAME HR BAYSIDE HOTEL, INC.
STREET ADDRESS 15500 ROOSEVELT BLVD., STE. 303
CITY-ST-ZIP CLEARWATER, FL 33760

DOCUMENT # P97000077413
NAME CUTLER BAYSIDE HOTEL, INC.
STREET ADDRESS 35388 U.S. HWY 19 NORTH
CITY-ST-ZIP PALM HARBOR, FL 34684

DOCUMENT # P97000100552
NAME FERRELL-JOHNSEN, INC.
STREET ADDRESS 123 SOUTH CLYDE AVE.
CITY-ST-ZIP KISSIMMEE, FL 34741

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

ROGERS HAYDON

4/24/06

727.539.0777

Date

Daytime Phone #

STATE OF FLORIDA