


# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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DOCUMENT # A98000000403					
1. Entity Name JEB HOTEL ASSOCIATES, LTD.					
Principal Place of Business 2665 SOUTH BAYSHORE DRIVE, PENTHOUSE 11A MIAMI, FL 33133			Mailing Address 2000 SOUTH DIXIE HIGHWAY, SUITE 100 MIAMI, FL 33133		
2. Principal Place of Business		3. Mailing Address 2665 S. Bayshore Dr.		03102005 Chg-LP CR2E003 (10/03)	
Suite, Apt. #, etc.		Suite, Apt. #, etc. PH 11A		4. FEI Number 65-0811605	
City & State		City & State Miami		Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
		33133	USA		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
JEB HOTEL MANAGEMENT, INC. 2665 SOUTH BAYSHORE DRIVE, PENTHOUSE 11A MIAMI, FL 33133				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				400049555854 03/31/05--01007--008 **526.25	
Signature, typed or printed name of registered agent and title if applicable.				DATE	
9. Capital Contributions as Shown on record. \$1,500,000.00		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 #	P98000011231		STREET ADDRESS	2665 S. Bayshore Dr. PH 11A	
NAME	JEB HOTEL MANAGEMENT, INC.		CITY-ST-ZIP	MIAMI FL 33133	
STREET ADDRESS	2000 SOUTH DIXIE HIGHWAY, SUITE 100				
CITY-ST-ZIP	MIAMI, FL 33133				
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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)(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:		EZRA KATZ		3/17/05 (38) 884-500	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date		Daytime Phone #	

STAPLE CHECK HERE