


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
May 04, 2004 08:00 AM
Secretary of State

DOCUMENT # A98000000805		
1. Entity Name TH HOTEL LIMITED		

Principal Place of Business 316 W. TENNESSEE STREET HOLIDAY INN SELECT TALLAHASSEE, FL 32301	Mailing Address 15500 ROOSEVELT BLVD. SUITE 303 CLEARWATER, FL 33760
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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

01092004 Chg-LP CR2E003 (10/03)	
4. FEI Number 59-3501996	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent HAYDON, ROGERS K JR. 15500 ROOSEVELT BLVD., STE. 303 CLEARWATER, FL 33760	
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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 _____
Signature, typed or printed name of registered agent and title if applicable

9. Capital Contributions as Shown on record \$1,750,100.00	10. Amount of Capital Contributions in FLORIDA to date
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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 #	P98000027971	STREET ADDRESS	
NAME	HRCF, INC.	CITY-ST-ZIP	
STREET ADDRESS	15500 ROOSEVELT BLVD, SUITE 303		
CITY-ST-ZIP	CLEARWATER, FL 33760		
DOCUMENT #		STREET ADDRESS	000000159625
NAME		CITY-ST-ZIP	05/10/04-88839-006 535.00
STREET ADDRESS			
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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)(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: ROGERS K. HAYDON JR 4/23/04 727.539.0777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE