



2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

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	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-3501996		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
HAYDON, ROGERS K JR. 15500 ROOSEVELT BLVD., STE. 303 CLEARWATER, FL 33760		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. \$1,750,100.00		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 #	P98000027971	STREET ADDRESS	200055863812
NAME	HRCF, INC.	CITY-ST-ZIP	06/07/05--01063--004 **88.75
STREET ADDRESS	15500 ROOSEVELT BLVD. SUITE 303		
CITY-ST-ZIP	CLEARWATER, FL 33760		
DOCUMENT #		STREET ADDRESS	200055863812
NAME		CITY-ST-ZIP	06/07/05--01063--005 **437.50
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
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)(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. Date: 4/13/05 Daytime Phone #: 727-539-0777	

FILED

05 JUN -2 AM 10:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04112005 Chg-LP CR2E003 (10/03)

STAPLE CHECK HERE