


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

DOCUMENT # A98000000805

1. Entity Name
TH HOTEL LIMITED



FILED
 07 MAY 24 AM 9:42
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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 - No P.O. Box #

3. Mailing Address
4592 Wmerton Road

Suite, Apt. #, etc.
Suite 100

04242007 Chg-LP CR2E003 (12/06)

City & State
Clearwater, FL

4. FEI Number
59-3501996

Applied For
 Not Applicable

Zip
33762

Country
USA

5. Certificate of Status Desired **\$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**

7. Name and Address of New Registered Agent

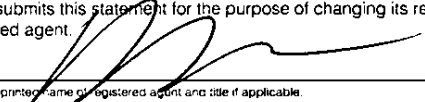
Name
Haydon, Rogers K. JR.

Street Address (P.O. Box Number is Not Acceptable)
4592 Wmerton Road, Suite 100

City
Clearwater

FL Zip Code
33762

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 **4/25/07**

FILE NOW!!! FEE IS \$500.00
After May 1, 2007, Fee will be \$900.00

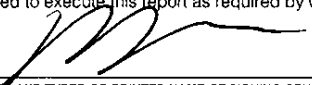
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION	
DOCUMENT #	P98000027971
NAME	HRCF, INC.
STREET ADDRESS	15500 ROOSEVELT BLVD. SUITE 303
CITY-ST-ZIP	CLEARWATER, FL 33760
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	4592 Wmerton Road, Suite 100
CITY-ST-ZIP	Clearwater, FL 33762
STREET ADDRESS	900103639109
CITY-ST-ZIP	06/01/07 01007 019 **500.00
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

STAPLE CHECK HERE

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:  DATE: **4/25/07** 727-551-0777

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER: **Rogers K. Haydon, Jr.** Date: Daytime Phone #