


**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 Ulmerton Road
Suite, Apt. #, etc.	Suite, Apt. #, etc. Suite 100
City & State	City & State Clearwater, FL
Zip	Country 33762 USA

04242007 Chg-LP CR2E003 (12/06)

4. FEI Number 59-3501996	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input 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	7. Name and Address of New Registered Agent Name Haydon, Rogers K. Jr. Street Address (P.O. Box Number is Not Acceptable) 4592 Ulmerton 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

Signature, typed or printed name of registered agent and title if applicable.

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		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	P98000027971 HRCF, INC. 15500 ROOSEVELT BLVD. SUITE 303 CLEARWATER, FL 33760	STREET ADDRESS CITY-ST-ZIP	4592 Ulmerton Road, Suite 100 Clearwater, FL 33762
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	900103639109 <del>06/01/07 01007 019 **500.00</del>
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	

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

Date

Daytime Phone #

Rogers K. Haydon, Jr.

4/25/07

727-571-0777

STAPLE CHECK HERE