


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

08 MAY -1 PM 2:47

DOCUMENT # A98000001475

1. Entity Name
 AIRPORT HOTEL GROUP, LTD.



Principal Place of Business
 2800 S.W. 28 TERRACE
 MIAMI, FL 33133

Mailing Address
 2800 S.W. 28 TERRACE
 MIAMI, FL 33133



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Zip Country

04112008 Chg-LP CR2E003 (12/06)

4. FEI Number
 65-0851368

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STARKMAN, MARK R
 1500 SAN REMO AVENUE, SUITE 125
 CORAL GABLES, FL 33146

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.

FILE NOW!!! FEE IS \$500.00
After May 1, 2008, 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 # 218831
 NAME HOSPITALITY OPERATIONS, INC.
 STREET ADDRESS 1508 SAN IGNACIO AVE SUITE 150
 CITY-ST-ZIP CORAL GABLES, FL 33146

STREET ADDRESS 2650 SW 27 Ave, Suite 300
 CITY-ST-ZIP Miami, FL 33133

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 NAME
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DOCUMENT #
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 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] 4/24/08 305-446-0852
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE