

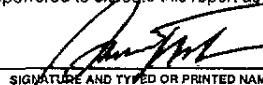


**2005-LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2005**

**FILED**  
**Apr 30, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A98000001790</b> 1. Entity Name INN TRANSITION SOUTH, LTD.					
Principal Place of Business 300 N.W. 12TH AVENUE MIAMI, FL 33128			Mailing Address 300 N.W. 12TH AVENUE MIAMI, FL 33128		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State		01262005    Chg-LP    CR2E003 (10/03)	
Zip		Country		4. FEI Number <b>65-0879464</b>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
<b>6. Name and Address of Current Registered Agent</b>  MARTORANO, SALVATORE C 300 N.W. 12TH AVENUE MIAMI, FL 33128			<b>7. Name and Address of New Registered Agent</b>  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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.    \$101.00			10. Amount of Capital Contributions in FLORIDA to date.		
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
<b>12. GENERAL PARTNER INFORMATION</b>			<b>13. ADDRESS CHANGES ONLY</b>		
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP			STREET ADDRESS CITY - ST - ZIP		
P98000066058 GMN-INN, INC. 300 N.W. 12TH AVENUE MIAMI, FL 33128			CITY - ST - ZIP		
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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					
<b>SIGNATURE:</b>  <b>SALVATORE MARTORANO</b> 03/04/2005    (305) 324-5505 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER    Date    Daytime Phone #</small>					

STAPLE CHECK HERE