

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

DOCUMENT # A98000001790

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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

05012007

Chg-LP

CR2E003 (12/06)

4. FEI Number
65-0879464

Applied For
 Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MARTORANO, SALVATORE C
 300 N.W. 12TH AVENUE
 MIAMI, FL 33128**

Name **Agustin Dominguez**
 Street Address (P.O. Box Number is Not Acceptable)
300 NW 12 Ave
 City **MIAMI** FL **33128**

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

**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 # **P98000066058**
 NAME **GMN-INN, INC.**
 STREET ADDRESS **300 N.W. 12TH AVENUE**
 CITY-ST-ZIP **MIAMI, FL 33128**

STREET ADDRESS
 CITY-ST-ZIP
300104219659
06/11/07--01035--010 **500.00

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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 #

STAPLE CHECK HERE

FILED
07 JUN -1 AM 9:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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