


2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2005

FILED
Feb 02, 2005 08:00 AM
Secretary of State

DOCUMENT # A98000002296 1. Entity Name UNIAMP HOTEL ASSOCIATES, LTD.	
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Principal Place of Business C/O ALLAN V. ROSE ONE EXECUTIVE BOULEVARD YONKERS NY 10701	Mailing Address C/O ALLAN V. ROSE ONE EXECUTIVE BOULEVARD YONKERS NY 10701
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1ST MOORE CR2E003 (10/04)

4. FEI Number 13-4028214	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525	

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	DATE _____
9. Capital Contributions as Shown on record \$1,942,837.00	10. Amount of Capital Contributions in FLORIDA to date.

11. FILE NOW!!! Due by May 1, 2005.
See Block 11 instructions for fee info.

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 # P27203	NAME UNIAMP HOTEL CORP.	STREET ADDRESS	UN00000208R11
STREET ADDRESS ONE EXECUTIVE BLVD.	CITY- ST- ZIP YONKERS NY 10701	CITY- ST- ZIP	02/02/05-80009-014 528.25
DOCUMENT # P98000084655	NAME UNIAMP TEMP CORP.	STREET ADDRESS	
STREET ADDRESS ONE EXECUTIVE BLVD.	CITY- ST- ZIP YONKERS NY 10701	CITY- ST- ZIP	
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS	CITY- ST- ZIP	CITY- ST- ZIP	
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS	CITY- ST- ZIP	CITY- ST- ZIP	
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DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS	CITY- ST- ZIP	CITY- ST- ZIP	

STAPLE CHECK HERE

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

SIGNATURE: Allan V. Rose 1/26/05 914-965-3990
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #