2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

_			Due Dy	may 1, 200	<u> </u>				0.5	Furn	
	1. Entity Name	e	# A9900000 L HOTEL PARTI		S), LTD.				DIVISION 06 MAR	FILED TARY OF STATE OF CORPORATIONS -3 AM 9:49	
	Principal Place 300 INTERNA HEATHROW, I	itional PK Fl 32746	Y., STE. 130	Mailing Addres 300 INTERNA HEATHROW, I	TIONAL PKY., S	TE. 130					
	2. Principal Pl 300 Interna	ess ional Pkwy	wy		14°						
- [Suite, Apt. Suite 300			1_ '_'	Suite, Apt. #, etc. Suite 300			01112006	Chg-LP	CR2E003 (11/05)	
ľ	City & State Heathrow,			City & State Heathrow, F	···			4. FEI Number 59-3609		Applied For Not Applicable	
Ī	Zip	· L.	Country	Zíp	untry		5 Certificate of Status Desired \$8.75 Additional				
ŀ			USA	32746	USA	\ <u> </u>	7. Name and Address of New Registered Agent			Fee Required	
ŀ	Name and Address of Current Registered Agent					Name Selby, C. Thomas					
	SELBY, C. THOMAS 300 INTERNATIONAL PKY., STE. 130 HEATHROW, FL 32746					Street Address (P.O. Box Number is Not Acceptable) 300 International Pkwy Suite 300					
						City	#ROW FL 3 ^{Zio Code}				
	8. The above named entity submits this statement for the purpose of changing its egistered edice or egistered agent, or both, in the State of Florida. I am familiar with, and accepted obligations of registered agent. SIGNATURE SIGNATURE										
	Signeture, typed or printed name of registered agent and title if applicable FILE NOWIII FEE IS \$500.00 After May 1, 2006, Fee will be \$900.00										
1	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.										
ŀ	12. GENERAL PARTNER INFORMATION 13.							it must be met	ADDRESS CH		
-	DOCUMENT #	P9900009		· · · · · · · · · · · · · · · · · · ·	STRE		300 In	ternational Pkwy Suite 300			
	STREET ADDRESS CITY-ST-ZIP	300 INTE	RNATIONAL PKY., S DW, FL 32746	STE. 130	С	ITY-ST-ZIP		uthrow, FL. 32746			
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STAPLE	DOCUMENT # NAME STREET ADDRESS				s	treet adoress					
	CITY-GT-ZIP	pertify that *	se information supplied	with this filling does a		ITY-ST-ZIP	contains	d in Chanter 110	Florida Statutos	I further certify that the information	
	indicated or the rec	on this repo eiver or trus	rt is true and accurate a see empowered to exec	and that my signature this report as requ	shalf have the sa	pre legal effe 620 Plorida	ect as if n Statutes	nade under oath;	that I am a Gene	I further certify that the information rai Partner of the limited partnership	
	SIGNAT	URE: _	SIGNATURE AND TYPE	O OR PRINTED NAME OF SIG	INING GENERAL PAR	TNER	Tho	nasJeld	y 2/20/0	6 (0)-333-1604 Daytone Phone #	