

# **2006 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# B01000000299

**Entity Name:** HMA HOTEL PARTNERS, LP

**FILED**  
**Apr 01, 2006**  
**Secretary of State**

**Current Principal Place of Business:**

450 S. ORANGE AVE.  
ORLANDO, FL 328013336

**New Principal Place of Business:**

420 S. ORANGE AVE.  
STE 700  
ORLANDO, FL 32801

**Current Mailing Address:**

P.O. BOX 2226  
ORLANDO, FL 328022226

**New Mailing Address:**

**FEI Number:** 59-3740606

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

THOMAS, STEPHANIE J  
450 S. ORANGE AVE.  
ORLANDO, FL 328013336 US

**Name and Address of New Registered Agent:**

THOMAS, STEPHANIE J  
420 S. ORANGE AVE.  
STE 700  
ORLANDO, FL 32801 US

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.

SIGNATURE:

04/01/2006

Electronic Signature of Registered Agent

Date

**GENERAL PARTNER INFORMATION:**

Document #:

Name: HMA HOTEL GP, LLC

Address: 450 S. ORANGE AVE.

City-St-Zip: ORLANDO, FL 328013336

**ADDRESS CHANGES ONLY:**

Address: 420 S. ORANGE AVE., STE 700

City-St-Zip: ORLANDO, FL 32801

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: BARRY AN BLOOM, SVP OF GENERAL PARTNER

SVP

04/01/2006

Electronic Signature of Signing General Partner

Date