2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

DOCUMENT # B03000000446

Entity Name
 GB/JT HOTEL PARTNERS, L.P.



Principal Place of Business

C/O CORPORATION SERVICE COMPANY 2711 CENTERVILLE RD, STE 400 WILMINGTON, DE 19808 Mailing Address

3250 MARY ST, 5TH FLOOR MIAMI, FL 33133 FILED
Jan 26, 2007 08:00 AM
Secretary of State



DO NOT WRITE IN THIS SPACE

01192007 No Chg-LP

CR2E003 (12/06)

4. FEI Number 20-0503868

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STEARNS WEAVER MILLER WEISSLER ALHADEFF & SITTERSON, PA - RICHARD E SCHATZ, ESQ 150 W FLAGLER ST, STE 2200 MIAMI, FL 33130

DO NOT WRITE IN THIS SPACE

| 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 | | |
| DOCUMENT# | M03000004085 | | |
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12. GENERAL PARTNER INFORMATION

DOCUMENT # M03000004085
GB/JT MANAGEMENT, LLC

STREET ADDRESS
CITY-ST-ZIP MIAMI, FL 33133

DOCUMENT # NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT # NAME
STREET ADDRESS
STREET ADDRESS

U00000605612 01/30/07-80043-014 500.00

DO NOT WRITE IN THIS SPACE

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

14. I hereby certify that the information supplied with this filling 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:

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGIWOOD I

Sherwood M. Weiser

den. 24, 2007

(305) 445-2493

Daytime Phone #