

**2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007**

FILED

07 MAY 17 PM 1:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # B05000000407



1. Entity Name
DORAL HOTEL ASSOCIATES, LP

Principal Place of Business 32255 NORTHWESTERN HIGHWAY, SUITE 290 FARMINGTON HILLS, MI 48334	Mailing Address 32255 NORTHWESTERN HIGHWAY, SUITE 290 FARMINGTON HILLS, MI 48334
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2. Principal Place of Business - No P.O. Box # 31525 West 12 Mile Road	3. Mailing Address 31525 West 12 Mile Road
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Suite, Apt. #, etc. Suite LL-1	Suite, Apt. #, etc. Suite LL-1
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City & State Farmington Hills, MI	City & State Farmington Hills, MI
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Zip 48334	Country	Zip 48334	Country
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04192007 Chg-LP CR2E003 (12/06)

4. FEI Number 20-3342514	Applied For Not Applicable
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5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**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 # NAME STREET ADDRESS CITY-ST-ZIP	M05000005176 DORAL HOTEL, LLC 32255 NORTHWESTERN HIGHWAY, SUITE 290 FARMINGTON HILLS, MI 48334	STREET ADDRESS	
		CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	500103221915 05/24/07--01059--006 **500.00
		CITY-ST-ZIP	
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DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	
		CITY-ST-ZIP	

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: X *Rabrin Orlando FBO DANIEL VOSOTAS* X 5/1/07 (248) 489-4333

STATE OF FLORIDA