

**2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008**

SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 MAY 28 AM 10:38

DOCUMENT # B05000000407



1. Entity Name
DORAL HOTEL ASSOCIATES, LP

Principal Place of Business 31525 WEST 12 MILE ROAD, STE LL-1 FARMINGTON HILLS, MI 48334	Mailing Address 31525 WEST 12 MILE ROAD, STE LL-1 FARMINGTON HILLS, MI 48334
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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04302008 Chg-LP CR2E003 (12/06)

City & State	City & State	4. FEI Number 20-3342514	Applied For Not Applicable
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Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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
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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, 2008, 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	31525 W 12 MILE RD STE LL-1 FARMINGTON HILLS MI 48334
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
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STAPLE CHECK HERE

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: *Daniel J Vosotas by M. Kelly agent* **DANIEL J VOSOTAS** *4-28-08*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #