
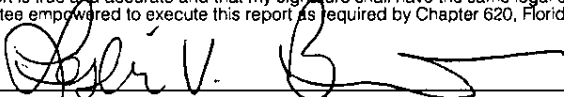


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
May 02, 2008 08:00 AM
Secretary of State

DOCUMENT # B07000000176					
1. Entity Name AIMBRIDGE HOSPITALITY, L.P.					
Principal Place of Business 4100 MIDWAY ROAD, SUITE 2115 CARROLLTON, TX 75007			Mailing Address 4100 MIDWAY ROAD, SUITE 2115 CARROLLTON, TX 75007		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 04222008 Chg-LP CR2E003 (12/06) 35-2198050			Applied For Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
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 #	M07000003201		STREET ADDRESS		
NAME	AIMBRIDGE HOTEL GROUP, LLC		CITY-ST-ZIP		
STREET ADDRESS	4100 MIDWAY ROAD, SUITE 2115				
CITY-ST-ZIP	CARROLLTON, TX 75007				
DOCUMENT #			STREET ADDRESS	U000000942540	
NAME			CITY-ST-ZIP	05/28/08-80062-021 500.00	
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NAME			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: 			Date: 4-25-08		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Daytime Phone #		

STAPLE CHECK HERE