

**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004**

DOCUMENT # B9400000288

1. Entity Name

ST. PETERSBURG FLORIDA HOTEL LIMITED PARTNERSHIP



FILED

04 MAY -3 PM 6:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business: C/O ASHFORD FINANCIAL CORPORATION, 333 1ST ST., SOUTH, ST. PETERSBURG FL 33701-4342
Mailing Address: 14180 DALLAS PARKWAY, STE. 900, DALLAS TX 75240



MOORE CR2E003 (11/03)

2. Principal Place of Business: Suite, Apt. #, etc.
3. Mailing Address: 14185 Dallas Pkwy, 1150, Dallas Tx, 75259

4. FEI Number: 65-0507400
Applied For: Not Applicable

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET, SUITE 105
TALLAHASSEE FL 32301

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.

9. Capital Contributions as Shown on record: \$7,852,704.00
10. Amount of Capital Contributions in FLORIDA to date: 7852704

**11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION**

**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 #	F94000003802	STREET ADDRESS	14185 Dallas Pkwy Ste 1150
NAME	FGS FLORIDA HOTEL CORP.	CITY-ST-ZIP	Dallas Tx 75259
STREET ADDRESS	14180 DALLAS PKWY., STE. 900	STREET ADDRESS	100036544971
CITY-ST-ZIP	DALLAS TX 75240	CITY-ST-ZIP	05/18/04--01033--006 **526.25
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: David Kimichuk 4-28-04 978-778-9283
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #