

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

DOCUMENT # B96000000303

1. Entity Name
BOYKIN HOTEL PROPERTIES, L.P.



Principal Place of Business
45 W. PROSPECT AVE.
GUILDHALL BLDG., #1500
CLEVELAND, OH 44115

Mailing Address
45 W. PROSPECT AVE.
GUILDHALL BLDG., #1500
CLEVELAND, OH 44115

2. Principal Place of Business - No P.O. Box #

5847 San Felipe

Suite, Apt. #, etc.

Suite 4650

City & State

Houston, Tx

Zip

77057

Country

USA

3. Mailing Address

5847 San Felipe

Suite, Apt. #, etc.

Sutie 4650

City & State

Houston, Tx

Zip

77057

Country

USA

FILED

07 MAY 18 AM 9:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04302007 Chg-LP CR2E003 (12/06)

4. FEI Number

34-1824588

Applied For

Not Applicable

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

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 # F96000003605
NAME BOYKIN LODGING COMPANY
STREET ADDRESS 45 W. PROSPECT AVE.
CITY-ST-ZIP CLEVELAND, OH 44115

13. ADDRESS CHANGES ONLY

STREET ADDRESS 5847 San Felipe Suite 4650
CITY-ST-ZIP Houston, Tx 77057

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS **100103608721**
CITY-ST-ZIP **05/31/07--01027--018 **500.00**

DOCUMENT #
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STREET ADDRESS
CITY-ST-ZIP

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: **By Guy Smell, CFO**
BOYKIN HOTEL PROPERTIES, L.P.

4-30-07

713 782 9100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #