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

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SIGNATURE:

FILED Apr 26, 2004 08:00 AM Secretary of State DOCUMENT # B96000000412 1. Entity Name **GULFSTREAM HOTEL LIMITED PARTNERSHIP** Principal Place of Business Mailing Address C/O CORPORATION TRUST CENTER 1209 ORANGE STREET WILMINGTON DE 19801 C/O DANIELS REAL ESTATE DEV. COMPANY 609 PENN AVENUE, 200 ROOSEVELT BLDG. PITTSBURGH PA 15222-3201 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E003 (11/03) City & State City & State 4. FEI Number Applied For 51-0378462 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CHARLES A. LUBITZ, ESQUIRE C/O BOOSE CASEY 515 N. FLAGLER DRIVE #1700 Street Address (P.O. Box Number is Not Acceptable) WEST PALM BEACH FL 33401 City 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 Capital Contributions 10. Amount of Capital Contributions 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE \$2,500,000.00 as Shown on record. in FLORIDA to date. 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 ADDRESS CHANGES ONLY DOCUMENT # 849042 STREET ADDRESS DANIELS REAL ESTATE DEVELOPMENT COMPANY NAME STREET ADDRESS 609 PENN AVE., 200 ROOSEVELT BUILDING CITY-ST-709 CITY-ST-ZIP PITTSBURGH PA 15222-3201 11000000147107 05/03/04-80093-007 141.25 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DECEMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CSTY-ST-792 DOCUMENT # STREET ADDRESS MAKE STREET ADDRESS CITY-SE-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

J.P. KULZER JR TREAS DANIELS KEAL EST 4/2-355
ME OF SIGNING GENERAL PARTNER DAYSING PROOF 0 780