


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT# B96000000473

1. Entity Name
CRESTVIEWMOTEL,LTD.



Principal Place of Business Mailing Address
2733 ROSS CLARK CIRCLE **P.O. BOX 5566**
DOTHAN, AL 36301 **DOTHAN, AL 36302**

2. Principal Place of Business		3. Mailing Address	
Suite, Apt #, etc.		Suite, Apt #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



04082004 Chg-LP CR2E003(10/03)

4. FEI Number Applied For
59-2298679 Not Applicable

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

6. Name and Address of Current Registered Agent

CTCORPORATIONSYSTEM
1200SOUTHPINEISLANDROAD
PLANTATION,FL33324

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 _____
Signature typed or printed in name of registered agent and that it is applicable

9. Capital Contributions as Shown on record. \$0.00 10. Amount of Capital Contributions in FLORIDA to date. 0

AGENERAL 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#	F96000006444	STREET ADDRESS	
NAME	CRESTVIEWMOTEL,INC.	CITY-ST-ZIP	
STREET ADDRESS	3500EASTERNBLVD.		
CITY-ST-ZIP	MONTGOMERY,AL36116		
DOCUMENT#	F96000006348	STREET ADDRESS	U00000193471
NAME	LHRCRESTVIEW,INC.	CITY-ST-ZIP	04/27/04-80088-008 141.25
STREET ADDRESS	273ROSSCLARKCIRCLE		
CITY-ST-ZIP	DOTHAN,AL36301		
DOCUMENT#		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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DOCUMENT#		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
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 the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes. I, a General Partner of the limited partnership

SIGNATURE: Richard Blumberg 4-16-04 (321) 793-6855
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #