


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
Apr 18, 2005 08:00 AM
Secretary of State

DOCUMENT # B96000000473

1. Entity Name
CRESTVIEW MOTEL, 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



03282005 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

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 _____
Signature, typed or printed name of registered agent and title if applicable

9. Capital Contributions as Shown on record. **\$0.00**

10. Amount of Capital Contributions in FLORIDA to date. **0**

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 #	F96000006444	STREET ADDRESS	
NAME	CRESTVIEW MOTEL, INC.	CITY-ST-ZIP	
STREET ADDRESS	3500 EASTERN BLVD.		
CITY-ST-ZIP	MONTGOMERY, AL 36116		
DOCUMENT #	F96000006348	STREET ADDRESS	
NAME	LHR CRESTVIEW, INC.	CITY-ST-ZIP	
STREET ADDRESS	273 ROSS CLARK CIRCLE		000000313816
CITY-ST-ZIP	DOTHAN, AL 36301		04/18/05-80137-020 141.25
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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: Richard Blumberg **Richard Blumberg** **4-05-05** **(334) 793-6855**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #