

**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

FILED

04 MAY -5 PM 1:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # B97000000444**

1. Entity Name  
**SARASOTA HOTEL OWNERS L.P.**



Principal Place of Business  
**745 7TH AVE.  
NEW YORK, NY 10019**

Mailing Address  
**101 HUDSON STREET  
TAX DEPT., 39TH FLOOR  
JERSEY CITY, NJ 07302**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04282004

Chg-LP

CR2E003 (10/03)

City & State

City & State

4. FEI Number

**75-2722452**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525**

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

9. Capital Contributions  
as Shown on record.

**\$1,000,000.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

**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 # **B97000000443**  
NAME **SARASOTA HOTEL MANAGERS L.P.**  
STREET ADDRESS **1201 ELM STREET, SUITE 5400**  
CITY-ST-ZIP **DALLAS, TX 75270**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
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 supplied 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**BARRY J. O'BRIEN**

**4/26/04**

**(20) 497-6004**

Date

Printed name of general partner

STAPLE CHECK HERE