

# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED  
2005 MAY -3 PM 2:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # B97000000444</b> 1. Entity Name <b>SARASOTA HOTEL OWNERS L.P.</b>					
Principal Place of Business <b>745 7TH AVE. NEW YORK, NY 10019</b>			Mailing Address <b>101 HUDSON STREET TAX DEPT., 39TH FLOOR JERSEY CITY, NJ 07302</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>75-2722452</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525</b>				Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
9. Capital Contributions as Shown on record. <b>\$1,000,000.00</b>			10. Amount of Capital Contributions in FLORIDA to date.		
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
12. GENERAL PARTNER INFORMATION				13. ADDRESS CHANGES ONLY	
DOCUMENT #	B97000000443			STREET ADDRESS	
NAME	SARASOTA HOTEL MANAGERS L.P.			CITY-ST-ZIP	
STREET ADDRESS	1201 ELM STREET, SUITE 5400				
CITY-ST-ZIP	DALLAS, TX 75270				
DOCUMENT #				STREET ADDRESS	<b>500055364255</b>
NAME				CITY-ST-ZIP	<b>05/26/05--01022--013 **667.50</b>
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CITY-ST-ZIP					
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\$526.25

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:**				04/19/05 (201) 499-6664	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER				Date Daytime Phone #	