


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

DOCUMENT # B98000000087 1. Entity Name REMINGTON ORLANDO HOTEL LIMITED PARTNERSHIP			
Principal Place of Business 14180 DALLAS PARKWAY, SUITE 700 DALLAS TX 75240		Mailing Address 14180 DALLAS PARKWAY, SUITE 700 DALLAS TX 75240	
2. Principal Place of Business 14185 Dallas Pkwy Suite, Apt. #, etc. 1150		3. Mailing Address 14185 Dallas Pkwy Suite, Apt. #, etc. 1150	
City & State Dallas TX		City & State Dallas TX	
Zip 75254	Country	Zip 75254	Country
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL Zip Code</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. \$1,255,921.00		10. Amount of Capital Contributions in FLORIDA to date.	
11. MAKE CHECK PAYABLE TO FL DEPT. OF STATE 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		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	F98000000660 REMINGTON ORLANDO HOTEL CORP. 14180 DALLAS PARKWAY, SUITE 700 DALLAS TX 75240	STREET ADDRESS CITY-ST-ZIP	14185 Dallas Pkwy, Ste 1150 Dallas TX 75254
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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: <i>Ruth Shumway</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>		Date 4-28-04 972-778 9283 <small>Daytime Phone #</small>	

FILED

04 MAY -3 PM 6:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



MOORE CR2E003 (11/03)

4. FEI Number **59-3489078** Applied For
Not Applicable

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

STAPLE CHECK HERE

Handwritten signature/initials

Dec 9 6P