


# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

## Due By September 7, 2005

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
05 JUL 11 AM 10:34

<b>DOCUMENT # B98000000122</b> 1. Entity Name HEALTHCARE HOTELS, L.P.					
Principal Place of Business 2416 N. ORANGE AVE. ORLANDO, FL 32804			Mailing Address THREE MILL ROAD, SUITE 200 WILMINGTON, DE 19806		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		06292005    Chg-LP    CR2E003 (10/03)	
Zip		Country		4. FEI Number <b>52-2081328</b>	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				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. <b>\$100,000.00</b>			10. Amount of Capital Contributions in FLORIDA to date.		
In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.					
<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 #	M98000000185			STREET ADDRESS	<div style="text-align: center;"> <b>300057767753</b>            07/21/05    01081--002    **535.00         </div>
NAME	HOSPITAL HOTELS, L.L.C.			CITY-ST-ZIP	
STREET ADDRESS	THREE MILL ROAD, SUITE 200				
CITY-ST-ZIP	WILMINGTON, DE 19806				
DOCUMENT #				STREET ADDRESS	
NAME				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 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					
<b>SIGNATURE:</b> <i>Ronald E. Scher</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>				Date: <i>6/29/05</i> Daytime Phone #: <i>(302) 427-8181</i>	

STAPLE CHECK HERE