

# **2012 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# B98000000122

**Entity Name:** HEALTHCARE HOTELS, L.P.

**FILED**  
**Jan 03, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

2416 N. ORANGE AVE.  
ORLANDO, FL 32804

**New Principal Place of Business:**

**Current Mailing Address:**

150 ONIX DRIVE  
KENNETT SQUARE, PA 19348

**New Mailing Address:**

**FEI Number:** 52-2081328

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**GENERAL PARTNER INFORMATION:**

Document #: M98000000185  
Name: HOSPITAL HOTELS, L.L.C.  
Address: 150 ONIX DRIVE  
City-St-Zip: KENNETT SQUARE, PA 19348

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: RONALD E SCHAFFER

MEMB

01/03/2012

\_\_\_\_\_  
Electronic Signature of Signing General Partner

\_\_\_\_\_  
Date