2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2004
Secretary of State

DOCUMENT# F94000004606

Entity Name: JACKSONVILLE PT HOTEL CORPORATION

Current Principal Place of Business:

3003 SUMMER ST.
STAMFORD SQUARE
STAMFORD, CT 069047900

New Principal Place of Business:

Current Mailing Address:

C/O CSC
1201 HAYS ST.
TALLAHASSEE, FL 32301

New Mailing Address:

FEI Number: 06-1405146 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS ST.
TALLAHASSEE, FL 32301 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: DUNN, LEANNE R
Address: 3003 SUMMER STREET
City-St-Zip: STAMFORD, CT 06904

Title: P ( ) Delete
Name: WIEDERECHT, DAVID W
Address: 3003 SUMMER STREET
City-St-Zip: STAMFORD SQUARE, CT 069047900

Title: VP ( ) Delete
Name: LANE, PATRICIA
Address: 3003 SUMMER STREET
City-St-Zip: STAMFORD, CT 06904

Title: NPT (X) Delete
Name: MARYLES, DAVID
Address: 3003 SUMMER STREET
City-St-Zip: STAMFORD SQUARE, CT 06904

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DVPS (X) Change ( ) Addition
Name: DUNN, LEANNE
Address: 3003 SUMMER STREET
City-St-Zip: STAMFORD, CT 06904 US

Title: P (X) Change ( ) Addition
Name: WIEDERECHT, DAVID
Address: 3003 SUMMER STREET
City-St-Zip: STAMFORD SQUARE, CT 069047900 US

Title: VPT (X) Change ( ) Addition
Name: PLATT, ANDREW
Address: 3003 SUMMER STREET
City-St-Zip: STAMFORD, CT 06904

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LEANNE DUNN VP 02/18/2004
Electronic Signature of Signing Officer or Director — Date