


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90174 008 ***150.00

DOCUMENT # F96000005642	
1. Entity Name LOEWS ORLANDO HOTEL PARTNER, INC.	

Principal Place of Business 667 MADISON AVENUE NEW YORK, NY 10021-8087	Mailing Address 655 MADISON AVE TAX DEPT./14TH FLR. NEW YORK, NY 10021-8043 US
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50035693



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

03312005 Chg-P CR2E034 (10/03)

4. FEI Number 65-0709821		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
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 FL Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD TISCH, JONATHAN M 667 MADISON AVENUE NEW YORK, NY <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCCEO Tisch, Jonathan, M. 667 Madison Avenue New York, NY 10021-8087 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS GARSON, GARY W 667 MADISON AVENUE NEW YORK, NY 100218087 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KENNY, JOHN J 655 MADISON AVENUE NEW YORK, NY 10021 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BECKER, SUSAN T. 655 MADISON AVENUE NEW YORK, NY 10021 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT DESMOND, DENIS 655 MADISON AVENUE NEW YORK, NY 10021 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ADLER, JACK 667 MADISON AVENUE NEW YORK, NY <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DENIS R. DESMOND

Date

Daytime Phone #

4/4/05

ATTACHMENT

#F96000005642
50035693

LOEWS ORLANDO HOTEL PARTNER, INC.

Directors

Preston R. Tisch
Jonathan M. Tisch
Jack S. Adler

Officers

Title

Jonathan M. Tisch	Chairman & Chief Executive Officer
Jack S. Adler	President & Chief Operating Officer
Gary W. Garson	Senior Vice President & Secretary
Charlotte St. Martin	Executive Vice President – Marketing
Sherrie Laveroni	Executive Vice President of Operations
Vincent F. Dunleavy	Executive Vice President & Chief Financial Officer
Alan G. Momeyer	Vice President
Jason Boxer	Vice President
Susan T. Becker	Vice President
John J. Kenny	Treasurer
Denis R. Desmond	Assistant Treasurer
Glenn P. Zarin	Assistant Secretary
Kenneth J. Zinghini	Assistant Secretary