## 2006 FOR PROFIT CORPORATION

## Apr 03, 2006 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # F96000005642 04-03-2006 90404 017 \*\*\*150.00 LOEWS ORLANDO HOTEL PARTNER, INC. Principal Place of Business Mailing Address 50008260 667 MADISON AVENUE 655 MADISON AVE NEW YORK, NY 10021-8087 TAX DEPT./14TH FLR. NEW YORK, NY 10021-8043 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/05) 03062006 Chg-P City & State Applied For City & State 4. FEI Number 65-0709821 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 City Zip Code FL 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 it applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CD ☐ Change Addition TITLE ☐ Delete TITLE **EVCFO** TISCH, JONATHAN M HAME NAME Vincent F. Dunleavy 667 MADISON AVENUE STREET AUDRESS STREET ADDRESS 667 Madison Avenue New York, NY 10021 CITY-ST-ZIP NEW YORK, NY CITY-ST-ZIP TITLE VS Delete TITLE S Y Change Addition GARSON, GARY W NAME NAME Garson, Gary W 667 MADISON AVENUE STREET ADDRESS STREET ADDRESS 667 Madison Avenue, New York, NY 10021 NEW YORK, NY 100218087 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change X Addition TITLE AS KENNY, JOHN J MARIE NAME Glenn P. Zarin STREET ADDRESS 655 MADISON AVENUE STREET ADDRESS 667 Madison Avenue, New York, NY 10021 NEW YORK, NY 10021 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition BECKER, SUSAN T. NAME NAME 655 MADISON AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NEW YORK, NY 10021 CITY-ST-ZIP ☐ Change ☐ Delete ☐ Addition TITLE TITLE DESMOND, DENIS NAME NAME STREET ADDRESS 655 MADISON AVENUE STREET ADDRESS CITY-ST-7IP NEW YORK, NY 10021 CITY-ST-7IP ☐ Change ☐ Delete TITLE ☐ Addition TITLE PΠ NAME ADLER, JACK NAME STREET ADDRESS 667 MADISON AVENUE STREET ADDRESS

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 period 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

CITY-ST-ZIP

SIGNATURÉ PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NEW YORK, NY

CITY+ST-ZIP

Denis R. Desmond

**FILED** 

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