2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L01000003307

1. Entity Name

WHITECAPS HOTEL PARTNERS, L.L.C.



Principal Place of Business

9180 GALLERIA COURT

600

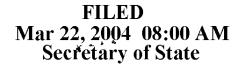
NAPLES, FL 34109

Mailing Address

9180 GALLERIA COURT

600 MARIES EL 24100

NAPLES, FL 34109





01202004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 59-3709519

Applied For Not Applicable

5. Certificate of Status Desired _.

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

STEWART, JAMES C JR. 9180 GALLERIA COURT STE 700 NAPLES, FL 34109

ART, JAMES C JR.

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

DO NOT WRITE IN THIS SPACE

	. The above named entity submits to the obligations of registered agent	is statement for the purpose of char	nging its registere	d office or registered agent, or bo	oth, in the State of Florida.	i am familiar with, a	nd accept
S	IGNATURE						

(NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2004

U00000094305 03/22/04-80054-006 50.00

_ B	ue by May 1, 2004	U3/22/04-80054-006 50.00		
g. ,	MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR AYRES, JOHN E JR 9180 GALLERIA COURT STE 600 NAPLES, FL 34109			
TITLE NAME STREET ADDRESS CITY - SI - ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE		
title name street address city-st-zip		IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				

11. 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 path, that I am a managing member or manager of the limited fability company or the receiver or trustee appowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

D OF PRINTED NAME OF SIGNING VAN

NANAUNG MEMBER, OR AUTHORIZED REPRESENTATIVE

2-26-04

239-449-1800

Daytime Phone l