


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

DOCUMENT # A05000001057	
1. Entity Name CORAL GABLES DOWNTOWN HOTEL, LTD.	

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 06 APR 24 AM 10:55

Principal Place of Business 880 S. PLEASANTBURG DRIVE, SUITE 3-G GREENVILLE, SC 29607	Mailing Address 880 S. PLEASANTBURG DRIVE, SUITE 3-G GREENVILLE, SC 29607
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2. Principal Place of Business <i>60 Pointe Circle</i>	3. Mailing Address <i>60 Pointe Circle</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.



02272006 Chg-LP CR2E003 (11/05)

City & State <i>Greenville, SC</i>	City & State <i>Greenville, SC</i>
Zip <i>29615</i>	Zip <i>29615</i>
Country	Country

4. EFL Number <i>37-1487164</i>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

CUROTTO, DONALD
 300 S. ORANGE AVE., SUITE 1000 (DJC)
 ORLANDO, FL 32801

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

FILE NOW!!! FEE IS \$500.00
After May 1, 2006, Fee will be \$900.00

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION	
DOCUMENT #	L05000052570
NAME	SK INVESTMENTS, LLC
STREET ADDRESS	880 S. PLEASANTBURG DRIVE, SUITE 3-G
CITY-ST-ZIP	GREENVILLE, SC 29607
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	<i>60 Pointe Circle</i>
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	<i>500074754815</i>
CITY-ST-ZIP	<i>05/17/06--01017--014 **500.00</i>
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

14. I hereby 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 is true and accurate and that my 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: *Gary A. P. [Signature]* Date: *4/16/06* Daytime Phone #: *8642329944*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER