

**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

<b>DOCUMENT # A05000001057</b> 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
---	---

2. Principal Place of Business <i>60 Pointe Circle</i> Suite, Apt. #, etc.	3. Mailing Address <i>60 Pointe Circle</i> Suite, Apt. #, etc.
--	--



02272006 Chg-LP CR2E003 (11/05)

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

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

**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	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	<i>60 Pointe Circle</i>
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	<b>500074754815</b>
CITY-ST-ZIP	<b>05/17/06--01017--014 **500.00</b>
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. P...* **4/16/06 . 864 232 9944**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #