


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
Mar 16, 2007 08:00 AM
Secretary of State

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

Principal Place of Business 60 POINTE CIRCLE GREENVILLE, SC 39615	Mailing Address 60 POINTE CIRCLE GREENVILLE, SC 39615
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

03012007 Chg-LP CR2E003 (12/06)

4. FEI Number 37-1487164	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, 2007, 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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	L05000052570	STREET ADDRESS	
NAME	SK INVESTMENTS, LLC	CITY-ST-ZIP	
STREET ADDRESS	60 POINTE CIRCLE		
CITY-ST-ZIP	GREENVILLE, SC 29607		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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 03/27/07-80111-027 500.00

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: *JAYANTI P. RAJALA* **JAYANTI P. RAJALA** 3/20/07 804 232 9944
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #