2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

001029 AT

DOCUMENT #: A02000001182

1. Entity Name
~~FORT LAUDERDALE COURTYARD I, LTD.~~
Fort Lauderdale CY I, Ltd.

FILED
03 APR 24 AM 9:16
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business
1065 KANE CONCOURSE SUITE 201
BAY HARBOR ISLANDS FL 33154

Mailing Address
1065 KANE CONCOURSE SUITE 201
BAY HARBOR ISLANDS FL 33154

4/24

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DUE BY MAY 1, 2003

4. FEI Number 56-2289537 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FINVARB, ROBERT
1065 KANE CONCOURSE SUITE 201
BAY HARBOR ISLANDS FL 33154

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.

9. Capital Contributions as Shown on record. $5,000.00

10. Amount of Capital Contributions in FLORIDA to date. $3,000,000.00

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

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 #	L02000014933	STREET ADDRESS	
NAME	COURTYARD GENERAL PARTNER, LLC		
STREET ADDRESS	1065 KANE CONCOURSE SUITE 201	CITY-ST-ZIP	
CITY-ST-ZIP	BAY HARBOR ISLANDS FL 33154		
DOCUMENT #		STREET ADDRESS	
NAME			
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CITY-ST-ZIP			

CR2E003 (10/02)

STAPLE CHECK HERE

14. 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 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: SIGNATURE REQUIRED Robert Finvarb — 1-14-03 — 305-866-7555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #