

**LIMITED PARTNERSHIP  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **A09839** A09839  
1. Entity Name  
**SKYCENTER HOTEL COMPANY, LTD.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
02 MAY 28 AM 11:44

*WCB/4*

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <b>551 FIFTH AVENUE</b> Suite, Apt. #, etc. <b>SUITE 1916</b> City & State <b>NEW YORK, NY</b> Zip <b>10176</b>	Country <b>USA</b>	3. Mailing Address <b>551 FIFTH AVENUE</b> Suite, Apt. #, etc. <b>SUITE 1916</b> City & State <b>NEW YORK, NY</b> Zip <b>10176</b>	Country <b>USA</b>
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DO NOT WRITE IN THIS SPACE

DUE BY MAY 1

4. FEI Number <b>58-1434245</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent  
Name  
*Intrastate Registered Agent Corporation*  
Street Address (P.O. Box Number is Not Acceptable)  
*701 Brickell Avenue*  
*Suite 3000*  
City  
*Miami* FL Zip Code  
*33131-3209*

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.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

DATE \_\_\_\_\_

9. Capital Contributions as Shown on record. **\$1,354,157.10**

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO 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

DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	<b>PIROVANO, JOHN</b> <b>551 FIFTH AVENUE, SUITE 1916</b> <b>NEW YORK, NY 10176</b>
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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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date: *4/11/02* (12) 370-0202  
Daytime Phone #