


2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

001871 MB

DOCUMENT # A09839		
1. Entity Name SKYCENTER HOTEL COMPANY, LTD.		
Principal Place of Business 551 FIFTH AVENUE, SUITE 1916 NEW YORK NY 10176	Mailing Address 551 FIFTH AVENUE, SUITE 1916 NEW YORK NY 10176	
2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	

FILED

03 MAY -5 PM 7:04

SECRETARY OF STATE
TALLAHASSEE FLORIDA



City & State	City & State	DUE BY MAY 1, 2003
Zip	Country	4. FEI Number 58-1434245
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent INTRASTATE REGISTERED AGENT CORPORATION 701 BRICKELL AVENUE, SUITE 3000 MIAMI FL 33131-3209	7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____
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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. \$1,354,157.10	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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 #	PIROVANO, JOHN	000018004650
NAME	551 FIFTH AVENUE SUITE 1916	05/05/03--01051--005 **526.25
STREET ADDRESS	NEW YORK NY	
CITY-ST-ZIP		
DOCUMENT #		
NAME		
STREET ADDRESS		
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STAPLE CHECK HERE

CP2E003 (10/02)

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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date _____ Daytime Phone # _____