

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0018025 AB

DOCUMENT # **A25370**

1. Entity Name
COURTYARD BY MARRIOTT II LIMITED PARTNERSHIP



Principal Place of Business
**10400 FERNWOOD ROAD
DEPT. 862
BETHESDA MD 20817-1109**

Mailing Address
**10400 FERNWOOD ROAD
DEPT. 862
BETHESDA MD 20817-1109**

FILED
03 APR 29 AM 8:36
**SECRETARY OF STATE
TALLAHASSEE FLORIDA**

MJH



2. Principal Place of Business
6903 Rockledge Drive

3. Mailing Address
6903 Rockledge Drive

Suite, Apt. #, etc.
1500

Suite, Apt. #, etc.
1500

DUE BY MAY 1, 2003

City & State
Bethesda, Maryland

City & State
Bethesda, Maryland

4. FEI Number **52-1533559**

Applied For
Not Applicable

Zip Country
20817-1818 USA

Zip Country
20817-1818 USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS ST.
TALLAHASSEE FL 32301**

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 _____
Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions as Shown on record. **\$0.00**

10. Amount of Capital Contributions in FLORIDA to date. **\$0.00**

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 # **M98000001483**
NAME **CBM TWO LLC**
STREET ADDRESS **10400 FERNWOOD ROAD**
CITY-ST-ZIP **BETHESDA MD 20817-1109**

STREET ADDRESS **6903 Rockledge Drive, Suite 1500**
CITY-ST-ZIP **Bethesda, Maryland 20817-1818**

DOCUMENT #
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STREET ADDRESS
CITY-ST-ZIP

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

4/17/03

(240) 744-1000

Date

Daytime Phone #

CR2E003 (10/02)

STAPLE CHECK HERE