LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)

FILED
02 MAR 26 PM 3:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A26920

1. Entity Name
Convention Hotel Partners, Ltd.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
9840 International Drive	9840 International Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Orlando, FL	City & State: Orlando, FL
Zip: 32819 Country:	Zip: 32891 Country:

DO NOT WRITE IN THIS SPACE

DUE BY MAY 1

4. FEI Number 59-2950418 ☐ Applied For ☐ Not Applicable

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

7. Name and Address of Current Registered Agent
Name: Rosen, Harris
Street Address (P.O. Box Number is Not Acceptable): 7600 International Drive
City: Orlando FL Zip Code: 32819

DO NOT WRITE IN THIS SPACE

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 ______________________ DATE
Signature, typed or printed name of registered agent and title if applicable

9. Capital Contributions as Shown on record. 12,500,000

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	A97000002423 Rosen Master Partnership, Ltd. 9840 International Drive ~~Orlando, FL 32819~~	STREET ADDRESS / CITY-ST-ZIP	
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STAPLE CHECK HERE

CR2E003B (12/01)

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: Harris Rosen Harris Rosen 2/18/02 (407)996-9840
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #