2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

8062000 AV

DOCUMENT # A30983

1. Entity Name
MDM HOTEL GROUP, LTD.

FILED
03 APR 18 PM 3:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
9090 S. DADELAND BLVD.	9090 S. DADELAND BLVD.
SUITE 210	SUITE 210
MIAMI FL 33156	MIAMI FL 33156

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 65-0232230 — Applied For / Not Applicable

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
CELESTINO PENA, ESQ.	Name: EDUARDO GARCIA, CPA
1000 BRICKELL AVE., STE. 480	Street Address (P.O. Box Number is Not Acceptable): 9090 S. DADELAND BLVD.
MIAMI FL 33131	SUITE 210
	City: MIAMI FL Zip Code: 33156

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] DATE 4/10/03
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. $465,883.00

10. Amount of Capital Contributions in FLORIDA to date.

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 #	S10575	STREET ADDRESS	
NAME	MDM HOTELS, INC.		
STREET ADDRESS	9090 S. DADELAND BLVD.	CITY-ST-ZIP	
CITY-ST-ZIP	MIAMI FL 33156		
DOCUMENT #		STREET ADDRESS	300016326833 04/18/03--01063--004 **526.25
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CR2E003 (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] 4-10-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #