

# 2002 UNIFORM BUSINESS REPORT (UBR)

0007105 AT

DOCUMENT # **A96000001169**

1. Entity Name

**SANDESTIN BEACH HOTEL, LTD.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 JAN 29 AM 10:19

Principal Place of Business

Mailing Address

**4000 SANDESTIN BLVD.  
DESTIN FL 32550**

**4000 SANDESTIN BLVD.  
DESTIN FL 32550**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**DUE BY MAY 1, 2002**

City & State

City & State

4. FEI Number

**59-3398821**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**LLOYD, BRENDA  
4000 SANDESTIN BLVD.  
DESTIN FL 32550**

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.

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

9. Capital Contributions as Shown on record.

**\$18,139,766.00**

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

13. ADDRESS CHANGES ONLY

DOCUMENT #	<b>P96000052365</b>
NAME	<b>SH GENERAL PARTNER, INC.</b>
STREET ADDRESS	<b>4000 SANDESTIN BLVD.</b>
CITY-ST-ZIP	<b>DESTIN FL 32550</b>
DOCUMENT #	
NAME	
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**500004882025--7**  
**-02/05/02--01010--006**  
**\*\*\*526.25 \*\*\*526.25**

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: *SH General Partner Inc*  
**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**1/10/02** **800-651-9850**  
Date Daytime Phone #

CR2E003 (9/01)

STAPLE CHECK HERE