

# 2001 UNIFORM BUSINESS REPORT (UBR)

0004694 AF

**DOCUMENT #** A96000001643  
 1. Entity Name  
**HOTEL EDISON, LTD.**

**FILED**

Principal Place of Business: 7950 NE BAYSHORE CR MIAMI FL 33138  
 Mailing Address: 900 BAY DRIVE SUITE L-9 MIAMI BEACH FL 33141

01 FEB -5 AM 11:59  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



2. Principal Place of Business: 7950 NE BAYSHORE CT.  
 3. Mailing Address: 900 Bay Drive PH2

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0776812  
 Applied For: Not Applicable  
 5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent: BERSON, JUDITH S. 900 BAY DRIVE, SUITE L-9 MIAMI BEACH FL 33141  
 7. Name and Address of New Registered Agent: 900 Bay Drive PH2 FL

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

9. Capital Contributions as Shown on record: \$100.00  
 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 #	P96000073452	STREET ADDRESS	900 Bay Drive PH2
NAME	EDISON HOTEL MANAGEMENT, INC.	CITY-ST-ZIP	
STREET ADDRESS	7950 NE BAY SHORE CT		
CITY-ST-ZIP	MIAMI FL 33138		
DOCUMENT #		STREET ADDRESS	800003673308-9
NAME		CITY-ST-ZIP	-02/12/01--01002--021
STREET ADDRESS			****141.25 ****141.25
CITY-ST-ZIP			
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DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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: Judith S. Berson 1/9/01 305 7575122  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)