

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0009977 AT

DOCUMENT # A96000001643

1. Entity Name
HOTEL EDISON, LTD.



FILED

03 MAY -6 PM 1:36

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJM

Principal Place of Business
**7950 NE BAYSHORE CT
MIAMI FL 33138**

Mailing Address
**900 BAY DRIVE, PH#2
MIAMI BEACH FL 33141**



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 **65-0776812** 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

**BERSON, JUDITH S
900 BAY DRIVE, PH#2
MIAMI BEACH FL 33141**

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

9. Capital Contributions as Shown on record. **\$100.00** 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 #	P96000073452	STREET ADDRESS	
NAME	EDISON HOTEL MANAGEMENT, INC.	CITY-ST-ZIP	
STREET ADDRESS	900 BAY DRIVE, PH#2		
CITY-ST-ZIP	MIAMI BEACH FL 33141		
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CITY-ST-ZIP			

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 *4/23/03* *305.757.5722*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #