2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A97000001537

FILED

01 MAY -7 PM 5:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name

SARASOTA PRIME HOTELS, LTD.

Principal Place of Business	Mailing Address

2. Principal Place of Business	3. Mailing Address
3424 Peachtree Rd., NE	Attn: Gail Knight 3424 Peachtree Rd., NE
Suite, Apt. #, etc. Suite 800	Suite, Apt. #, etc. Suite 800
City & State Atlanta, GA	City & State Atlanta, GA
Zip / Country 30326 / USA	Zip / Country 30326 / USA

5/7

DO NOT WRITE IN THIS SPACE

4. FEI Number
58-2330536
☐ 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
CT CORPORATION SYSTEM 1200 South Pine Island Road Plantation, FL 33324	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. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
$33,813,869.07	$34,002,112.69	

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	M97000000555	STREET ADDRESS	400004314534--7
NAME	Sarasota Prime Hotels, LC	CITY-ST-ZIP	-05/24/01--01015-005 ****526.25 ****526.25
STREET ADDRESS	3424 Peachtree Rd., NE, Ste. 800	STREET ADDRESS	FF $526.25
CITY-ST-ZIP	Atlanta, GA 30326	CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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NAME		CITY-ST-ZIP	
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CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

CR2E003 (11/00)

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: Debbie J. Newmark Debbie J. Newmark 04/26/01 404-848-8600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #