THE WAY FAR

2001 UNIFORM BUSINESS REPORT (UBR)

DOCU	MENT # A9800	00002029				is.			5317
1. Entity Nan	ne i	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		•		CHEN			좎
GREEN (DADELAND HOTEL, LTD.	•			1	FILED			
Principal Place of Business Mailing Address						and the wife			
7700 NORTH KENDALL DRIVE. SUITE 200 MIAMI FL 33156		7700 NORTH KENDALL DRI Miami Fl 33156	7700 NORTH KENDALL DRIVE. SUITE 200 MIAMI FL 33156		SECRETARY OF STATE TALLAHASSEE, FLORIDA				
2. Principal Place of Business		3. Mailing Address						831)) (1818 181 1 (888)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State		City & State			4. FEI Numbe	59-3533487		Applied For Not Applicabl	le
Zip Country		Zip Co		ntry	5. Certificate of Status Desired \$8.75 Additional Fee Required			Additional equired	-
	6. Name and Address of Curren	t Registered Agent		Nines	7. Name and	Address of New Registe	red Agent		_
COPTAL TUTABETH A				Name					
Green, Elizabeth a 7700 North Kendall Drive, Suite 200				Street Address (P.O. Box Number is Not Acceptable)					
MIAMI FL 33156									
				City			FL Zip	Code	
8. The above	named entity submits this statement i	for the purpose of changing its	egister	red office or regis	stered agent, or both	, in the State of Florida.	<u> </u>		
SIGNATURE .	Signature, typed or printed name of registered agen	**	-	ed Agent signature requ	•		ATE		
9. Capital Co as Shown	on record.	10. Amount of Capita in FLORIDA to da				11. MAKE CHECK PAY SEE REVERSE SID	E FOR FEE I	PT. OF STATE NFORMATION	
	A GENERAL PARTNER NOTE: General Partners M	THAT IS A BUSINESS EN AY NOT be changed on the	TTY M • form	lUST BE REG 1; an amendm	ISTERED AND A ent must be filed	CTIVE WITH THIS OF I to change a genera	FICE. partner.		
12.	GENERAL PARTNE		13.			ADDRESS CHANGE			7
DOCUMENT # NAME STREET ADDRESS	P98000075332 GREEN DADELAND HOTEL, INC 7700 NORTH KENDALL DRIVE, \$			EET ADDRESS					EE003 (11/00)
CITY-ST-ZIP	MIAMI FL 33156	, <u>, , , , , , , , , , , , , , , , , , </u>	CITY	r-ST-ZIP	. 30	3000042717030 -05/18/0101106002			
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DOCUMENT #	, and the state of		STRI	EET ADORES\$					1
NAME STREET ADDRESS CITY-ST-ZIP			CITY	r-ST-ZIP	,			« -	7
14. I hereby of indicated the receiv	certify that the information supplied wit on this report is true and accurate and er or trustee empowered to execute It Green Dadeland	th this filing does not qualify for d that my signature shall have this report as required by Chapt Hotel Linc., a F	the exe ne same or 620,	emption stated in e legal effect as Florida Statutes	Section 119.07(3)(i) if made under oath;	, Florida Statutes. I furthe that I am a General Partr artner	er certify that ler of the limi	the information ted partnership	DT }