

# 2001 UNIFORM BUSINESS REPORT (UBR)

0015397 AF

DOCUMENT # B00000000140

1. Entity Name

FELCOR/CMB ORSOUTH HOLDINGS, L.P.

FILED

01 MAY -1 5:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address  
545 EAST JOHN CARPENTER FREEWAY, Ste. 1300 545 EAST JOHN CARPENTER FREEWAY, Ste. 1300  
IRVING TX 75062 IRVING TX 75062

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.  
Suite 1300

Suite, Apt. #, etc.  
Suite 1300

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

75-2874752

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions  
as Shown on record.

\$1,000.00

10. Amount of Capital Contributions  
in FLORIDA to date.

\$1,000.00

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

DOCUMENT # M00000000846  
NAME FELCOR/CMB ORSOUTH HOTEL, L.L.C.  
STREET ADDRESS 545 EAST JOHN CARPENTER FREEWAY, Ste. 1300  
CITY-ST-ZIP IRVING TX 75062

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS 545 East John Carpenter Freeway, Suite 1300

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER  
Thomas J. Corcoran, Jr. - Manager of FelCor/CMB Orsouth Hotel, L.L.C. - General Partner

April 25, 2001

972.444.4900

Date

Daytime Phone #

CR2E003 (11/00)