

2001 UNIFORM BUSINESS REPORT (UBR)

0019830 AB

DOCUMENT # B96000000497
 1. Entity Name
SHANER HOTEL GROUP PROPERTIES TWO LIMITED PARTNE

FILED
 01 APR -4 AM 10:15
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business: **303 N. SCIENCE PARK RD STATE COLLEGE PA 16803**
 Mailing Address: **303 SCIENCE PARK RD. STATE COLLEGE PA 16803**



2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.
 City & State
 Zip Country

DO NOT WRITE IN THIS SPACE
 4. FEI Number: **25-1786511**
 Applied For: Not Applicable
 5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
 C/O CT CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND RD
 PLANTATION FL 33324**

7. Name and Address of New Registered Agent
 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 _____ (NOTE: Registered Agent signature required when reinstating)
 DATE _____

9. Capital Contributions as Shown on record: **\$11,400,000.00**
 10. Amount of Capital Contributions in FLORIDA to date: **\$11,400,000.00**
 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 #	F98000004596
NAME	SHANER GP TWO, INC.
STREET ADDRESS	303 NORTH SCIENCE PARK ROAD
CITY-ST-ZIP	STATE COLLEGE PA 16803
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	100003996271--6
STREET ADDRESS	-04/13/01--01023--004
CITY-ST-ZIP	****526.25 ****526.25
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**
 Date: **3/29/01**
 Daytime Phone #: **814-234-4462**

CR2E003 (11/00)