

2002 UNIFORM BUSINESS REPORT (UBR)

0018674 AB

DOCUMENT # B96000000497

1. Entity Name
**SHANER HOTEL GROUP PROPERTIES TWO LIMITED PARTNE
 RSHIP**

FILED
 02 MAR 22 AM 11:10
 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 1965 Waddle Road	3. Mailing Address 1965 Waddle Road
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State State College PA	City & State State College PA	4. FEI Number 25-1786511	Applied For Not Applicable
Zip 16803	Country	Zip 16803	Country

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

9. Capital Contributions as Shown on record. **\$11,400,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

**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 #	F98000004598
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	800005194468--6
CITY-ST-ZIP	-04/05/02--01020--017
STREET ADDRESS	****526.25 ****526.25
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]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date Daytime Phone #

STAPLE CHECK HERE

CR2E003 (9/01)