2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

B96000000497 **DOCUMENT#**



1. Entity Name SHANER HOTEL GROUP PROPER RSHIP		
Principal Place of Business 1965 WADDLE ROAD	Mailing Address 303 SCIENCE PARK RD.	
STATE COLLEGE PA 16803	STATE COLLEGE PA 16803	

FILED

03 MAR 17 PM 2:13



2. Principal Place of Business 3		3. Mailing Address	3. Mailing Address 1965 Waddle Road		- 1 188 1188 (418 11878 11878 11871 11871) 11871 11871 11871 11871 11871 11871 11871 11871 11871 11871 11871 1	
Suite, Apt. #, et	c.	Suite, Apt. #, etc	,		DUE BY MAY 1, 2	003
City & State		City & State		4. FEI Number 25-1786511	Applied For Not Applicable	
Zip	Country	_ Zip,	Zip, Country		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 CORPORA	TION SYSTEM			Name		
C/O CT CORPORATION SYSTEM				Street Address (P.O. Box Number is Not Acceptable)		
1200 SOUTH PLANTATION	PINE ISLAND RD FI 33324					
- 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3			City	Fi	Zip Code	
8. The above nam	ed entity submits this stateme	ent for the purpose of chang	ing its registere	ed office or register	ered agent, or both, in the State of Florida. I am	familiar with, and accept

the obligations of registered agent.

9. Capital Contributions

as Shown on record.

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

\$11,400,000.00

10. Amount of Capital Contributions in FLORIDA to date.

DATE 11. MAKE CHECK PAYABLE TO FL. 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	13.	ADDRESS CHANGES ONLY		
DOCUMENT # NAME	F98000004596 SHANER GP TWO, INC.	STREET ADDRESS	1965 Waddle Road		
STREET ADDRESS CITY-ST-ZIP	303-NORTH SCIENCE PARK ROAD STATE COLLEGE PA 16803	CITY-ST-ZIP			
DOCUMENT # NAME	" -	STREET ADDRESS			
STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	700014243017 		
DOCUMENT # NAME		STREET ADDRESS	00/11/00 010/0 000 ##0 00# 00		
STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP			
DOCUMENT # NAME		STREET ADDRESS			
STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP			
DOCUMENT # NAME		STREET ADDRESS			
STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	M THOMAS		
DOCUMENT # NAME		STREET ADDRESS	W Indiana		
STREET ADDRESS CITY-ST-ZIP		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:

814-234-4465 Daylime Phone #