

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 05, 2001 08:00 AM****Secretary of State****DOCUMENT # A14668**

1. Entity Name

CONVENTION HOTEL INVESTORS II, LTD.

Principal Place of Business

Mailing Address

450 S. ORANGE AVENUE

450 S. ORANGE AVENUE

ORLANDO
32801

FL

ORLANDO
32801

FL

2. Principal Place of Business

3. Mailing Address

POST OFFICE BOX 4920

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

ORLANDO

FL

4. FEI Number

59-2301963

Applied For

Not Applicable

Zip

Country

Zip

Country

32802

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

BOURNE ROBERT A
450 S. ORANGE AVENUEORLANDO FL
32801 US

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)

02/05/2001

DATE

9. Capital Contributions

as Shown on record. 1,200,000.00

10. Amount of Capital Contributions

in FLORIDA to date. 1,200,000.00

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		13. ADDRESS CHANGES ONLY	
DOCUMENT #		STREET ADDRESS	
NAME	TOMFORDE ERNEST L	CITY-ST-ZIP	
STREET ADDRESS	122 S.W. 11TH COURT		
CITY-ST-ZIP	BOCA RATON FL 33486		
DOCUMENT #		STREET ADDRESS	
NAME	BOURNE ROBERT A	CITY-ST-ZIP	
STREET ADDRESS	450 S. ORANGE AVENUE		
CITY-ST-ZIP	ORLANDO FL 32801		
DOCUMENT #		STREET ADDRESS	
NAME	SENEFF JAMES MJR.	CITY-ST-ZIP	
STREET ADDRESS	450 S. ORANGE AVENUE		
CITY-ST-ZIP	ORLANDO FL 32801		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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DOCUMENT #		STREET ADDRESS	
NAME		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: ROBERT A. BOURNE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

GP

02/05/2001

Date

Daytime Phone #

CR2E003 (11/00)