

2002 UNIFORM BUSINESS REPORT (UBR)

0010106 AT

DOCUMENT # A01000000539
1. Entity Name
 WIN INN LODGING, LTD.

FILED
 02 MAR 11 PM 3:44
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business **Mailing Address**
 1508 SAN IGNACIO AVENUE 1508 SAN IGNACIO AVENUE
~~STE 200~~ ~~STE 200~~
 CORAL GABLES FL 33146 CORAL GABLES FL 33146



2. Principal Place of Business **3. Mailing Address**

Suite, Apt. #, etc. *Suite 150* Suite, Apt. #, etc. *Suite 150*

City & State City & State

Zip Country Zip Country

DUE BY MAY 1, 2002

4. FEI Number *65-1099486* Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

ATRIUM REGISTERED AGENTS, INC.
 1500 SAN REMO AVE., STE 125
 CORAL GABLES FL 33146

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. **\$1,224,000.00** **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 #	218831
NAME	HOSPITALITY OPERATIONS, INC.
STREET ADDRESS	1508 SAN IGNACIO AVE., STE 200
CITY-ST-ZIP	CORAL GABLES FL
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	<i>500005108585--5</i>
CITY-ST-ZIP	<i>-03/14/02-01065-019</i> <i>***526.25 ***526.25</i>
STREET ADDRESS	
CITY-ST-ZIP	
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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]* *2/20/02 305-661-1230*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE

CR2E003 (9/01)