


2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0004985 AV

DOCUMENT # A00000000446 1. Entity Name FORTUNE STREET PARTNERS, LTD.	
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FILED

03 APR 28 AM 8:39

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MUN

Principal Place of Business 111 WEST FORTUNE STREET TAMPA FL 33602	Mailing Address 111 WEST FORTUNE STREET TAMPA FL 33602
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

DUE BY MAY 1, 2003

4. FEI Number 59-3612636	Applied For
	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CALLEN, DAVID H	Name
111 WEST FORTUNE STREET	Street Address (P.O. Box Number is Not Acceptable)
TAMPA FL 33602	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. I am familiar with, and accept the obligations of registered agent.

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

9. Capital Contributions as Shown on record. \$5,300,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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 #	P00000024930	STREET ADDRESS	
NAME	FORTUNE STREET HOTEL, INC.	CITY-ST-ZIP	
STREET ADDRESS	111 WEST FORTUNE STREET		
CITY-ST-ZIP	TAMPA FL 33602		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

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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 _____ Daytime Phone # _____

CR2E003 (10/02)

STAPLE CHECK HERE