

2001 UNIFORM BUSINESS REPORT (UBR)

0007758 AF

DOCUMENT # A00000001267

1. Entity Name

WEST PALM HOSPITALITY, LTD.

FILED

01 APR 16 PM 4:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

FILED

Principal Place of Business 1515 N. FEDERAL HWY., SUITE 300 BOCA RATON FL 33432		Mailing Address 1515 N. FEDERAL HWY., SUITE 300 BOCA RATON FL 33432	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address C/O J. HAHN CPA Suite, Apt. #, etc. 1515 No Federal Hwy City & State BOCA RATON FL	
City & State	Zip	Country	
	33432		

4. FEI Number x 65-1034647	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 HAHN, JEFFREY B 1515 N. FEDERAL HWY., SUITE 300 BOCA RATON FL 33432		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		DATE _____
9. Capital Contributions as Shown on record. \$0.00	10. Amount of Capital Contributions in FLORIDA to date. 5000	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 # NAME STREET ADDRESS CITY-ST-ZIP	P00000076657 WEST PALM HOSPITALITY, INC. 1515 N. FEDERAL HWY., SUITE 300 BOCA RATON FL 33432	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 (11/00)