

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A00000001267

1. Entity Name

WEST PALM HOSPITALITY, LTD.

Principal Place of Business

1515 N. FEDERAL HWY., SUITE 300
BOCA RATON FL 33432

Mailing Address

C/O J. HANN, CPA
1515 NO. FEDERAL HWY
BOCA RATON FL 33432

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State

City & State

4. FEI Number

65-1034647

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$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

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.

DATE

9. Capital Contributions
as Shown on record.

\$5,000.00

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

13.

ADDRESS CHANGES ONLY

DOCUMENT # P00000076657
NAME WEST PALM HOSPITALITY, INC.
STREET ADDRESS 1515 N. FEDERAL HWY., SUITE 300
CITY-ST-ZIP BOCA RATON FL 33432

STREET ADDRESS

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

CITY-ST-ZIP

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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 Required*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/01)

1993001
AV