2001 UNIFORM BUS	NESS REPOR	RT (UBR)		8
DOCUMENT # A0000	0001627			S A
APEX HOSPITALITY; LLLP			FILED	_
<u>•'</u>			01 JUL 10 AN 8:47	
Principal Place of Business	Mailing Address		्रा स्टब्स् १५ मा अ स्	
1520 ROYAL PALM SQUARE BOULEVARD. #320 FORT MYERS FL 33919	17761 SAN CARLOS BLVD. FORT MYERS BEACH FL 339	331	SECRETARY OF STATE TALLAHASSEE, FLORIDA TITULIAN AND AND AND AND AND AND AND AND AND A	
2. Principal Place of Business 4400 FORD ST. Ext.	3. Mailing Address			7
Suite, Apt. #, etc.	Suite, Apt. #, etc.		DUE BY SEPTEMBER 26, 2001	
City & State Fr MYERS, FL	City & State		4. FEI Number Applied For Not Applicable	
33931 LEE	33916	Country	5. Certificate of Status Desired	
6. Name and Address of Current	<u> </u>		7. Name and Address of New Registered Agent	1
	* ****	Name SANI Street Addres	MUKH SUAMI	-
GREEN, BRUCE D				1
1520 ROYAL PALM SQUARE BOULEVARD, FORT MYERS FL 33919	#320	17.16	61 SAN CARLOS BUD	1
FURI MTERO PL 33919			- 7.0.4	-
		City F	Myers Bon FL 33931	
8. The above named entity submits this statement fo	r the purpose of changing its req		•	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required)			uired when reinstating) 7/6/C [DATE	
9. Capital Contributions \$50,000.00 10. Amount of Capital Contributions			44 MAYE CHECK DAVABLE TO DEDT BE STATE	1
as Snown on record.	in FLORIDA to date	·-	SEE REVERSE SIDE FOR FEE INFORMATION	4
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	RINFORMATION	13.	ADDRESS CHANGES ONLY]_
DOCUMENT # L00000013004 NAME JAY GROUP, LLC		STREET ADDRESS		2/0
REET ADDRESS 17761 SAN CARLOS BLVD. 17-ST-ZIP FORT MYERS BEACH FL 33931		CITY-ST-ZIP	7000044849076	2E003 (5/01)
DOCUMENT #		STREET ADDRESS	-87/18/8101089003 ****838.75 ****838.75	8
NAME	,	STREET ADDRESS	44444030113 44444000110	-
STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	i	-
NAME		STREET ADDRESS		
STREET ADDRESS, CITY-ST-ZIP		CITY-ST-ZIP		
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DOCUMENT # NAME		STREET ADDRESS		_
STREET ADDRESS CITY-AT-ZIP		CITY-ST-ZIP		
DOCUMENT # NAME		STREET ADDRESS		
STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP		ļ .
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				
CIE	IDE DERINO		Mitaliplac of Sitt data:	
SIGNATURE: STANDER ESANDURH SWAMI 7/6/01 941-278-3949				

STAPLE CHECK HERE