

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0010162 AT

DOCUMENT # A01000000539

1. Entity Name
WIN INN LODGING, LTD.



FILED
03 FEB 12 PM 12:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1508 SAN IGNACIO AVENUE
STE 150
CORAL GABLES FL 33146

Mailing Address
1508 SAN IGNACIO AVENUE
STE 150
CORAL GABLES FL 33146



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State

City & State

4. FEI Number 65-1099486

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

7. Name and Address of New Registered Agent

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

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. I am familiar with, and accept the obligations of registered agent.

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

DATE

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 FL. 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 # 218831
NAME HOSPITALITY OPERATIONS, INC.
STREET ADDRESS 1508 SAN IGNACIO AVE., STE 208 150
CITY-ST-ZIP CORAL GABLES FL

STREET ADDRESS

CITY-ST-ZIP

300012393983
02/12/03 01002 002 **526.25

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

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02/12/03 01082 002

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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2/10/03 305-661-1230

Date

Daytime Phone #

CR2E003 (10/02)

STAPLE CHECK HERE