

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

000744 AT

DOCUMENT # A01000001119
 1. Entity Name
CAMPUS LODGE OF BRYAN, LTD.



FILED
 03 JAN 23 AM 11:41
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business
**4422 SOUTHWEST 85TH WAY
 GAINESVILLE FL 32608**

Mailing Address
**4422 SOUTHWEST 85TH WAY
 GAINESVILLE FL 32608**



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

DUE BY MAY 1, 2003

4. FEI Number **59-3720631**
 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**FORT, DAVID H
 4422 SOUTHWEST 85TH WAY
 GAINESVILLE FL 32608**

7. Name and Address of New Registered Agent
 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record **\$7,657,810.00**
Corrected to 7,644,531.50

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	
DOCUMENT #	P01000002924
NAME	CAMPUS LODGE OF BRYAN, INC.
STREET ADDRESS	4422 SOUTHWEST 85TH WAY
CITY-ST-ZIP	GAINESVILLE FL 32608
DOCUMENT #	
NAME	
STREET ADDRESS	
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DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	000010669430
CITY-ST-ZIP	01/28/03--01045--004 **535.00
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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: *David H. Fort*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1/14/03 (352) 380-9600
 Date Daytime Phone #

CR2E003 (10/02)