

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A01121**

1. Entity Name  
**HOTEL PROPERTIES, LTD.**



FILED

03 MAR -6 PM 3: 36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
% MIAMI AIRPORT INN  
1550 N.W. LEJEUNE ROAD  
MIAMI FL 33126

Mailing Address  
% MIAMI AIRPORT INN  
1550 N.W. LEJEUNE ROAD  
MIAMI FL 33126

*NEW Address*  
**465 ROVINO AVE  
CORAL GABLES FL.  
33156**



2. Principal Place of Business

3. Mailing Address

**465 ROVINO AVE.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State

City & State

**CORAL GABLES, FL.**

4. FEI Number **59-1264512**

Applied For

Not Applicable

Zip

Country

Zip

Country

**33156**

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

**SIMON, GEORGE M.  
801 41ST STREET  
MIAMI BEACH FL 33140**

*NEW Address*  
**465 ROVINO AVE  
CORAL GABLES FL.  
33156**

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.

**\$365,000.00**

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 # **M25167**  
NAME **GMS, INC.**  
STREET ADDRESS **801 ARTHUR GODFREY ROAD, SUITE 600**  
CITY-ST-ZIP **MIAMI BEACH FL 33140**

*NEW Address*

STREET ADDRESS

**465 ROVINO AVE.**

CITY-ST-ZIP

**CORAL GABLES, FL. 33156**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

**200013344892**

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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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

**2/28/03**

CR2E003 (10/02)