

2002 UNIFORM BUSINESS REPORT (UBR)

0006280 AT

DOCUMENT # A08166
1. Entity Name NEW ORLEANS AIRPORT MOTEL ASSOCIATES, LTD.

FILED
02 MAY -6 PM 2:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 3445 PEACHTREE ROAD NE SUITE 700 ATLANTA GA 30326	Mailing Address 3445 PEACHTREE ROAD NE SUITE 700 ATLANTA GA 30326
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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DUE BY MAY 1, 2002	
4. FEI Number 59-1935178	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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
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9. Capital Contributions as Shown on record. \$1,550,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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 # F94000003957	NAME NEW ORLEANS MOTEL ENTER	STREET ADDRESS	
STREET ADDRESS 3445 PEACHTREE ROAD NE SUITE 700	CITY-ST-ZIP ATLANTA GA 30326	CITY-ST-ZIP	
DOCUMENT #	NAME	STREET ADDRESS	900005556109--7
STREET ADDRESS		CITY-ST-ZIP	-05/17/02--01005--020
DOCUMENT #	NAME	STREET ADDRESS	*****526.25 *****526.25
STREET ADDRESS		CITY-ST-ZIP	
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	
DOCUMENT #	NAME	STREET ADDRESS	
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: <i>[Signature]</i>	APR 25 2002 404 364-9400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER	Date Day/Time Phone #

CR2E003 (9/01)