

**LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # A08766

1. Entity Name

Sheraton Bal Harbour Associates, Ltd.

DO NOT WRITE IN THIS SPACE

FILED

02 JUL 19 AM 9:08

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

9701 Collins Ave.

Suite, Apt. #, etc.

3. Mailing Address

2231 E. Camelback Rd #400

Suite, Apt. #, etc.

DUE BY MAY 1

City & State

Bal Harbour, FL

City & State

Phoenix, AZ

Zip

33154

Country

U.S.A.

Zip

85014

Country

U.S.A.

4. FEI Number

59-1975689

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)

1200 South Pine Island Road

City

Plantation

FL

Zip Code

33324

**DO NOT WRITE
IN THIS SPACE**

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

9. Capital Contributions
as Shown on record.

13-

10. Amount of Capital Contributions
in FLORIDA to date.

43-

11. MAKE CHECK PAYABLE TO 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 # 821022
NAME Sheraton Operating Corp.
STREET ADDRESS 1111 Westchester Ave.
CITY-ST-ZIP White Plains, NY 10604

STREET ADDRESS

CITY-ST-ZIP

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CR2E003B (12/01)

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:

P. Morrow

Peter Morrow

7-10-02

(602) 852-3900