2000 UNIFORM BUSINESS REPORT (UBR)

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 APR 28 AM 3:05

DO NOT WRITE IN THIS SPACE

DOCUMENT # A08912

1. Entity Name
FLORIDA LODGING, LTD.

Principal Place of Business	Mailing Address
1555 PALM BEACH LAKES BOULEVARD P.O. BOX 3267 WEST PALM BEACH FL 33402	1555 PALM BEACH LAKES BOULEVARD P.O. BOX 3267 WEST PALM BEACH FL 33402-3267

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-1999448 — Applied For / Not Applicable

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
ECCLESTONE, E.L., JR. 1555 PALM BEACH LAKES BLVD. WEST PALM BEACH FL 33401	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.

SIGNATURE ______________________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record. $125,000.00	10. Amount of Capital Contributions in FLORIDA to date. 125,000.00	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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	G93043900021	STREET ADDRESS	
NAME	ECCLESTONE, E.L,JR,TRUST		
STREET ADDRESS	1555 PALM BCH LAKES BLVD	CITY-ST-ZIP	
CITY-ST-ZIP	W. PALM BEACH FL		
DOCUMENT #		STREET ADDRESS	
NAME			
STREET ADDRESS		CITY-ST-ZIP	900003265599--6 -05/24/00--01082--021 ****535.00 ****535.00
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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: E. L. Ecclestone SIGNATURE REQUIRED 3/10/00 561/686-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #

CR2E003 (9/99)