

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

DOCUMENT # **A09839**

A09839

1. Entity Name

SKYCENTER HOTEL COMPANY, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 MAY 28 AM 11:44

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

551 FIFTH AVENUE

Suite, Apt. #, etc.

SUITE 1916

City & State

NEW YORK, NY

Zip

10176

Country

USA

3. Mailing Address

551 FIFTH AVENUE

Suite, Apt. #, etc.

SUITE 1916

City & State

NEW YORK, NY

Zip

10176

Country

USA

DO NOT WRITE IN THIS SPACE

DUE BY MAY 1

4. FEI Number

58-1434245

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name
Intrastate Registered Agent Corporation

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

701 Brickell Avenue

Suite 3000

City
Miami

FL

Zip Code

33131-3209

**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. **\$1,354,157.10**

10. Amount of Capital Contributions

in FLORIDA to date.

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 #
NAME

PIROVANO, JOHN

STREET ADDRESS

551 FIFTH AVENUE, SUITE 1916

CITY - ST - ZIP

NEW YORK, NY 10176

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #

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IN THIS SPACE**

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****526.25 ****526.25

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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

4/11/02

(12) 370-0202