APPRUVEL

A09991 **DOCUMENT #** 1. Entity Name 02 MAR -8 AM 9: 28 UNIVERSITY INN PARTNERS, LTD. SECRETARY OF STATE TALEAHASSEE, FLORIDA Principal Place of Business Mailing Address 11731 E. COLONIAL DRIVE 11731 E. COLONIAL DRIVE ORLANDO FL 32817 ORLANDO FL 32817 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. **DUE BY MAY 1, 2002** City & State City & State 4. FEI Number Applied For 59-2068815 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ----7. Name and Address of New Registered Agent CHEN, CHAO-HUI Street Address (P.O. Box Number is Not Acceptable) 11731 E. COLONIAL DR ORLANDO FL 32817 City Zip Code FL 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 10. Amount of Capital Contributions 11. MAKE CHECK PAYABLE TO DEPT. OF STATE \$450,000.00 as Shown on record. in FLORIDA to date 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 ADDRESS CHANGES ONLY CR2E003 (9/01) DOCUMENT # STREET ADDRESS CHEN, HSI-CHING NAME 11731 E. COLONIAL DR. STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ORLANDO FL 32817 DOCUMENT # 800005097618---03/12/02--01066--018 STREET ADDRESS NAME CHEN, CHAO-HUI STREET ADDRESS 11731 E. COLONIAL DR. ****526.25 ****526.25 CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32817 DOCUMENT / STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME . STREET ÅDDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP 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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNE

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