

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 05, 2001 08:00 AM

Secretary of State

DOCUMENT # A14668

1. Entity Name
CONVENTION HOTEL INVESTORS II, LTD.

| | |
|---|---|
| Principal Place of Business 450 S. ORANGE AVENUE ORLANDO FL 32801 | Mailing Address 450 S. ORANGE AVENUE ORLANDO FL 32801 |
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|---|---|
| 2. Principal Place of Business Suite, Apt. #, etc. | 3. Mailing Address POST OFFICE BOX 4920 Suite, Apt. #, etc. |
|---|---|

DO NOT WRITE IN THIS SPACE

| | | | |
|----------------------------|----------------------------|---|--|
| City & State ORLANDO FL | City & State ORLANDO FL | 4. FEI Number 59-2301963 | Applied For <input type="checkbox"/> Not Applicable |
| Zip 32802 | Country | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

| | | | |
|--|--|--|--|
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| BOURNE ROBERT A 450 S. ORANGE AVENUE ORLANDO FL 32801 US | | 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 **02/05/2001**

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. 1,200,000.00 | 10. Amount of Capital Contributions in FLORIDA to date. 1,200,000.00 | 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 # | | STREET ADDRESS | |
| NAME | TOMFORDE ERNEST L | CITY-ST-ZIP | |
| STREET ADDRESS | 122 S.W. 11TH COURT | | |
| CITY-ST-ZIP | BOCA RATON FL 33486 | | |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | BOURNE ROBERT A | CITY-ST-ZIP | |
| STREET ADDRESS | 450 S. ORANGE AVENUE | | |
| CITY-ST-ZIP | ORLANDO FL 32801 | | |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | SENEFF JAMES MJR. | CITY-ST-ZIP | |
| STREET ADDRESS | 450 S. ORANGE AVENUE | | |
| CITY-ST-ZIP | ORLANDO FL 32801 | | |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | | CITY-ST-ZIP | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | | CITY-ST-ZIP | |
| 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: ROBERT A. BOURNE GP Date **02/05/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Daytime Phone #

CR2E003 (11/00)