

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 28, 2000 08:00 AM
Secretary of State

DOCUMENT # A20665

1. Entity Name
 THE WEST PALM BEACH VENTURE, LTD.

Principal Place of Business 400 E SOUTH ST SUITE 500 ORLANDO 32801 FL	Mailing Address 400 E SOUTH ST SUITE 500 ORLANDO 32801 FL
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2. Principal Place of Business 450 S. ORANGE AVENUE Suite, Apt. #, etc.	3. Mailing Address 450 S. ORANGE AVENUE Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State ORLANDO FL	City & State ORLANDO FL	4. FEI Number 59-2672865	Applied For <input type="checkbox"/> Not Applicable
Zip 32801	Country	Zip 32801	Country
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MANOR TIM 215 N EOLA DR ORLANDO FL 32801 US		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE **03/28/2000**

9. Capital Contributions as Shown on record. 1,689,975.00	10. Amount of Capital Contributions in FLORIDA to date. 1,689,975.00	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 # NAME STREET ADDRESS CITY-ST-ZIP	SOUTH WEST INN, INC. 400 E. SOUTH STREET, SUITE 500 ORLANDO FL 32801	STREET ADDRESS CITY-ST-ZIP	450 S. ORANGE AVENUE ORLANDO FL 32801
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
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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: ROBERT A. BOURNE

DATE: 03/28/2000