

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A21342**

1. Entity Name

HOSPITALITY INNS JACKSONVILLE, LTD. II

FILED

Principal Place of Business

2000 SOUTH COLORADO BLVD.
TOWER TWO, SUITE 2-1000
DENVER CO 80222

Mailing Address

2000 SOUTH COLORADO BLVD.
TOWER TWO, SUITE 2-1000
DENVER CO 80222

01 MAY -4 PM 12:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

7071 103RD ST.

Suite, Apt. #, etc.

3. Mailing Address

7071 103RD ST.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

JACKSONVILLE, FL

City & State

JACKSONVILLE, FL

4. FEI Number

95-4018500

Applied For

Not Applicable

Zip

32210

Country

USA

Zip

32210

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent

Name

THOMAS O. MILLER

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

7071 103RD ST.

City

JACKSONVILLE, FL

Zip Code

32210

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

THOMAS O. MILLER FOR GEN. PART. 4-30-01

9. Capital Contributions
as Shown on record.

\$684,754.00

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 #

F92000000848

NAME

MAE VENTURES, INC.

STREET ADDRESS

2000 SOUTH COLORADO BLVD., TWR. 2, #2-1000

CITY-ST-ZIP

DENVER CO 80222

13. ADDRESS CHANGES ONLY

STREET ADDRESS

7071 103RD ST.

CITY-ST-ZIP

JACKSONVILLE, FL 32210

DOCUMENT #

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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:

THOMAS O. MILLER

4-30-01

Date

Daytime Phone #

(904) 777-5700