

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A24182**

1. Entity Name

**CRI HOTEL INCOME PARTNERS, L.P., LIMITED PARTNER**

FILED

00 FEB 11 AM 10:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**11200 ROCKVILLE PIKE  
SUITE 500  
ROCKVILLE MD 20852**

Mailing Address  
**11200 ROCKVILLE PIKE  
SUITE 500  
ROCKVILLE MD 20852-3112**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **52-1500621**

Applied For  
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301**

Name  
**CT Corporation System**

Street Address (P.O. Box Number is Not Acceptable)  
**660 East Jefferson Street**

City **Tallahassee** **FL** Zip Code **32301**

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

9. Capital Contributions as Shown on record. **\$21,716,550.00**

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

13. ADDRESS CHANGES ONLY

DOCUMENT # **A27036**  
NAME **CRICO HOTEL ASSOCIATES I, LIMITED PARTNERS**  
STREET ADDRESS **11300 ROCKVILLE PIKE**  
CITY - ST - ZIP **ROCKVILLE MD**

STREET ADDRESS **11200 Rockville Pike**

CITY - ST - ZIP **500003148405--3**  
**-02/25/00--01099--012**  
**\*\*\*526.25 \*\*\*526.25**

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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: **Randolph Lee, Jr., VP-Taxation** **301-468-9200**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER **C.R.I., Inc., G.P. of CRICO Hotel Associates I, L.P.** Daytime Phone #

CR2E003 (9/99)