

# 2000 UNIFORM BUSINESS REPORT (UBR)

XX:571 /

<b>DOCUMENT # A26920</b>			
1. Entity Name <b>CONVENTION HOTEL PARTNERS, LTD.</b>			
Principal Place of Business <b>7600 INTERNATIONAL DRIVE ORLANDO FL 32819</b>		Mailing Address <b>9840 INTERNATIONAL DRIVE ORLANDO FL 32819-8111</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>ROSEN, HARRIS 7600 INTERNATIONAL DRIVE ORLANDO FL 32819</b>		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	

**FILED**  
**00 FEB 11 AM 10:05**  
**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>59-2950418</b>		Applied For	
		Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	

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. <b>\$12,500,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date.	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	<b>A97000002423 ROSEN MASTER PARTNERSHIP, LTD. 7600 INTERNATIONAL DRIVE ORLANDO FL 32819</b>	STREET ADDRESS	<b>9000003142479--4</b>
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		CITY - ST - ZIP	<b>-02/25/00--01099--018 ****526.25 ****526.25</b>
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DOCUMENT # 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:** *Harris Rosen* **SIGNATURE REQUIRED** Harris Rosen 1/12/2000 407 996-9840  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/99)