

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A28331

1. Entity Name

RAFAEL RESORT INVESTORS LTD.

Principal Place of Business

C/O RAFAEL HOTELS LIMITED
126 EAST 36TH STREET
NEW YORK NY 10016

Mailing Address

C/O RAFAEL HOTELS LIMITED
126 EAST 36TH STREET
NEW YORK NY 10016

FILED

02 APR 22 AM 10:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

1775 Broadway

3. Mailing Address

1775 Broadway

Suite, Apt. #, etc.

Suite 310

Suite, Apt. #, etc.

Suite 310

City & State

New York, NY

City & State

New York, NY

DUE BY MAY 1, 2002

4. FEI Number

13-3504865

Applied For

Not Applicable

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

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions
as Shown on record.

\$38,405,900.00

10. Amount of Capital Contributions
in FLORIDA to date.

38,405,900.00

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 # F93000005805
NAME RESORT INVESTORS LIMITED
STREET ADDRESS C/O 126 E. 36TH STREET
CITY-ST-ZIP NEW YORK NY 10016

13. ADDRESS CHANGES ONLY

STREET ADDRESS 1775 Broadway, Suite 310
CITY-ST-ZIP New York, NY 10019

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

4/4/02

(415) 369-7110

CR2E003 (9/01)