2002 UNIFORM BUSINESS REPORT (UBR)

541.25

0002847 AB

DOCUMENT # A28839

1. Entity Name

FAIRFIELD INN BY MARRIOTT LIMITED PARTNERSHIP

FILED
02 SEP 10 AM 8:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
10400 FERNWOOD ROAD DEPT 862 BETHESDA MD 20817-1109	10400 FERNWOOD ROAD DEPT 862 BETHESDA MD 20817-1109

2. Principal Place of Business	3. Mailing Address
100 Jericho Quadrangle	100 Jericho Quadrangle
Suite, Apt. #, etc. Suite 214	Suite, Apt. #, etc. Suite 214
City & State Jericho, NY	City & State Jericho, NY
Zip 11753 Country USA	Zip 11753 Country USA

DUE BY SEPTEMBER 25, 2002

4. FEI Number 52-1638296 — Applied For / Not Applicable

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 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. I am familiar with, and accept the obligations of registered agent.

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

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
$0.00		

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 # M02000002349 NAME AP-FAIRFIELD GP, LLC STREET ADDRESS 100 JERICHO QUADRANGLE, SUITE 214 CITY-ST-ZIP JERICHO, NY 11753	STREET ADDRESS CITY-ST-ZIP BK
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS 200008209878--3 CITY-ST-ZIP -10/04/02--01051--024 ****541.25 ****541.25
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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

516

By: AP Fairfield GP LLC, general partner
By: AP Fairfield Manager Corp., its general partner

SIGNATURE: SIGNATURE OF GENERAL PARTNER — Asst Secy — Date 8/14/02 — 822 0022 Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CR2E003 (4/02)