

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A30127

1. Entity Name

HAWTHORN SUITES ORLANDO LIMITED PARTNERSHIP

FILED

00 MAR 27 PM 2:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
200 WEST MADISON STREET, 38TH FLOOR
CHICAGO IL 60606

Mailing Address
200 WEST MADISON STREET, 38TH FLOOR
CHICAGO IL 60606-3417

2. Principal Place of Business
200 West Madison Street
Suite, Apt. #, etc.
Suite 2500

3. Mailing Address
200 West Madison Street
Suite, Apt. #, etc.
Suite 2500

City & State
Chicago, IL

City & State
Chicago, IL

Zip
60606

Country
USA

Zip
60606

Country
USA

4. FEI Number 36-3736657

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record. \$4,000,000.00

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 # A31257
NAME HS-ORLANDO LIMITED PARTNERSHIP
STREET ADDRESS 200 W. MADISON ST., 39 FL
CITY-ST-ZIP CHICAGO IL

13. ADDRESS CHANGES ONLY

STREET ADDRESS 200 West Madison Street, Suite 2500

CITY-ST-ZIP Chicago, IL 60606

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP 4000003197914--5
-04/06/00--01040--020
***526.25 ***526.25

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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)(l), 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 appointed to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

Glen Miller, Vice President, January 6, 2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/99)