

**LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # A30127

1. Entity Name

HAWTHORN SUITES ORLANDO LIMITED PARTNERSHIP

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 FEB 11 PM 2:03

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 200 WEST MADISON STREET Suite, Apt. #, etc. 25TH FLOOR City & State CHICAGO, IL Zip 60606		3. Mailing Address 200 WEST MADISON STREET Suite, Apt. #, etc. 25TH FLOOR City & State CHICAGO, IL Zip 60606 Country USA	
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DO NOT WRITE IN THIS SPACE

DUE BY MAY 1

4. FEI Number 36-3736657	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
THE PRENTICE HALL CORPORATION SYSTEM, INC.
Street Address (P.O. Box Number is Not Acceptable)
1201 HAYS STREET
SUITE 105
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

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

DATE

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

10. Amount of Capital Contributions
in FLORIDA to date. **Same**

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 WEST MADISON ST., 25TH FLOOR
CITY-ST-ZIP	CHICAGO, IL 60606

STREET ADDRESS	100004925101--9
CITY-ST-ZIP	-02/14/02--01033--002
	****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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

HS-ORLANDO LIMITED PARTNERSHIP, its general partner
By: HS-ORLANDO, INC., its general partner
By: Glen Miller, Vice President, 1/11/02

Date

Daytime Phone #

CR2E003B (12/01)

STAPLE CHECK HERE