

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A30127

1. Entity Name
**HAWTHORN SUITES ORLANDO LIMITED
PARTNERSHIP**



FILED

03 MAR 19 AM 8:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MJH

Principal Place of Business
200 WEST MADISON STREET, 25TH FLOOR
CHICAGO, IL 60606

Mailing Address
200 WEST MADISON STREET, 25TH FLOOR
CHICAGO, IL 60606

3/19



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State

City & State

4. FEI Number

36-3736657

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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.

11. MAKE CHECK PAYABLE TO FL 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

13. ADDRESS CHANGES ONLY

DOCUMENT # A31257
NAME HS-ORLANDO LIMITED PARTNERSHIP
STREET ADDRESS 200 WEST MADISON STREET, 25TH FLOOR
CITY-ST-ZIP CHICAGO, IL 60606

STREET ADDRESS
CITY-ST-ZIP 000014380270
03/19/03--01072--011 **526.25

DOCUMENT #
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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.

HS-ORLANDO LIMITED PARTNERSHIP, its general partner
By: HS-Orlando, Inc., its general partner

SIGNATURE: By: Glenn Miller, Vice President, 3/4/03 (312) 750-8400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (10/02)

STAPLE CHECK HERE