SIGNAZ

**SIGNATURE:** 

STREET ADDRESS CITY-ST-ZIP  DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP  DOCUMENT / ST-ZIP  DOCUMENT / ST-ZIP  DOCUMENT / 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)(i), Florida Statutes,   further certify that the information	2001	1 UNIF	ORM BUSIN	NESS REP	ORT	(UBR)	
PURE LODGING, LTD.  Principal Place of Business 813-8 BEACHIEV DR  ST. SMONS ISLAND GA 91522  Principal Place of Business  3. Mailing Address St. SMONS ISLAND GA 91522  SCERETARY OF STATE TALLAHIAS SSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSS			# A96000	000882	:	·	to the state of th
Principal Place of Business 1538 BEACHIEV DR P. D. 500 20087 ST. SMONS ISLAND GA 31522 ST. SMONS ISLAND GA 31522 SCRETARY OF STATE FALLAHIAS SELECTION OF STATE F	PURE LO	odging, lte	<b>)</b>	<b>7</b> 5			ين المنازع الم
SISS BECKNEW OR.  ST. SHOWS ISLAND GA 31522  ST.			· · · · · · · · · · · · · · · · · · ·				FILED
SISS BECKNEW OR.  ST. SHOWS ISLAND GA 31522  ST.	Principal Plac	e of Business	,	Mailing Address		Δ1	HR 31 AM Q: 67
TALLAHAS SEED TO GRADUAL TO SUITE ADDRESS SU						V	JOE 21 MA C. 41
2. Principal Place of Business  Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  Name and Address of New Registered Agent  Name  SMITH, HUSLEY & BUSEY  228 WATER STREEF, STE 1800  JACKSONNILE F1 32202  City FL Zip Code  6. The above named entity submiss this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.  SIGNATURE  SIGNATURE  Signature would be interested agent acritise a registation  A City FL Zip Code  City FL Zip Code  City FL Zip Code  City FL Zip Code  11. MANE CHECK PAYABLE TO DEPT. DF STATE  SERVING Common control  12. City FL Zip Code  13. MANE CHECK PAYABLE TO DEPT. DF STATE  SIGNATURE  Signature would be interested and a Business Service Address of Contributions  In Tity Registered Agent registered agent or both, in the State of Florida.  SIGNATURE  Signature would be interested agent acritise a registation  The above named entity submiss bits statement for the purpose of changing its registered agent or both, in the State of Florida.  SIGNATURE  Signature would be interested agent acritise a registation  The above named entity submiss bits statement for the purpose of changing the registered agent or both, in the State of Florida.  SIGNATURE  Signature would be interested agent or both, in the State of Florida.  SIGNATURE  Signature would be interested agent or both, in the State of Florida.  SIGNATURE  Signature would be registered agent or both, in the State of Florida.  SIGNATURE  Signature would be registered agent or both, in the State of Florida.  SIGNATURE  Signature would be registered agent or both, in the State of Florida.  SIGNATURE  Signature would be registered agent or both, in the State of Florida.  SIGNATURE  Signature would be				ST. SIMONS ISLAND (	GA 31522	S	ECRETARY OF STATE
2. Principal Place of Business  Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  Name and Address of New Registered Agent  Name  SMITH, HUSLEY & BUSEY  228 WATER STREEF, STE 1800  JACKSONNILE F1 32202  City FL Zip Code  6. The above named entity submiss this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.  SIGNATURE  SIGNATURE  Signature would be interested agent acritise a registation  A City FL Zip Code  City FL Zip Code  City FL Zip Code  City FL Zip Code  11. MANE CHECK PAYABLE TO DEPT. DF STATE  SERVING Common control  12. City FL Zip Code  13. MANE CHECK PAYABLE TO DEPT. DF STATE  SIGNATURE  Signature would be interested and a Business Service Address of Contributions  In Tity Registered Agent registered agent or both, in the State of Florida.  SIGNATURE  Signature would be interested agent acritise a registation  The above named entity submiss bits statement for the purpose of changing its registered agent or both, in the State of Florida.  SIGNATURE  Signature would be interested agent acritise a registation  The above named entity submiss bits statement for the purpose of changing the registered agent or both, in the State of Florida.  SIGNATURE  Signature would be interested agent or both, in the State of Florida.  SIGNATURE  Signature would be interested agent or both, in the State of Florida.  SIGNATURE  Signature would be registered agent or both, in the State of Florida.  SIGNATURE  Signature would be registered agent or both, in the State of Florida.  SIGNATURE  Signature would be registered agent or both, in the State of Florida.  SIGNATURE  Signature would be registered agent or both, in the State of Florida.  SIGNATURE  Signature would be						ŢA	LUAHAS STATANTAN ARKAMAN MANU ARKI ARKI ARKI ARKI ARKI ARKI ARKI ARKI
DUE BY SEPTEMBER 82, 2001  Applied For State City & State Country Zig Country S. 6. FEI Number 59-3377171 Acquired September 82, 2001  S. Conficate of Status Desired September 82, 2001  S. Conficate of Status D	Principal Place of Business     3. Mailing Address						
DUE BY SEPTEMBER 82, 2001  Applied For State City & State Country Zig Country S. 6. FEI Number 59-3377171 Acquired September 82, 2001  S. Conficate of Status Desired September 82, 2001  S. Conficate of Status D	Suite Apt. # etc. Suite Apt. # etc.					···········	
Set of Country  Zip  Country  S. Certificate of Status Desired  Set Reduction  S. Certificate of Status Desired  Set Reduction  S. Certificate of Status Desired  Set Reduction  Fee Required  Size Address of New Registered Agent  Name  Size Address of New Registered Agent  Note Size Address of New Registered Agent  Name Agent Agen							
S. Certificate of Statistic Desired S. Certificate of Statistic Desired Foe Required For Require	City & State			City & State			hu-33//1/1
SMITH, HUSLEY & BUSEY 225 WATER STREET, STE. 1800  JACKSONVILE FI. 32202  City FL Zip Code  City FL Zi	Zip		Country	/ Zip Cour		itry	
SAITTH, HUSLEY & BUSEY 225 WATER STREET, STE. 1800  JACKSONVILLE FL 32202  City  FL  Zip Code  6. 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  9. Capital Contributions 3 Shown on record.  \$1,750,000.00  10. Amount of Capital Contributions 3 Shown on record.  \$1,750,000.00  10. Amount of Capital Contributions 3 Shown on record.  A GENERAL PARTINER 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 filled to change a general partner.  12. GENERAL PARTINER INFORMATION  13. ADDRESS CHANGES ONLY  P\$6000000322  INN 2000, INC.  SINET AUDRESS  INN 2000, INC.  SINET AUDRESS  OUTY-S1-2P  OCCUMENT /  NAME  SINET AUDRESS  OUTY-S1-2P  OCCUMENT /  NAME  SINET AUDRESS  OUTY-S1-2P  OCCUMENT /  NAME  SINET AUDRESS  OUTY-S1-2P  OCTY-S1-2P  OCTY-		6. Name a	nd Address of Current Re	gistered Agent	<del></del> _		
225 WATER STREET, STE. 1800 JACKSONVILLE FI. 32202  City  FL  Zip Code  City  FL  Zip Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida.  SIGNATURE  Signature, tread or prese submits ship statement for the purpose of changing its registered agent, or both, in the State of Florida.  SIGNATURE  Signature, tread or prese submits ship statement for the purpose of changing its registered agent, or both, in the State of Florida.  SIGNATURE  S			المستانية المستحيدة			Name	
LackSonMille FL 32202  City FL Zip Code  City FL Zip Code  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  9. Capital Contributions as Stown on record.  11. MAKE CHECK PAYABLE TO DEPT. OF STATE SER EXPENSE SIDE FOR FEE INFORMATION  A GENERAL PARTINER 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 filled to change a general partner.  12. 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 filled to change a general partner.  12. GENERAL PARTNER INFORMATION  13. ADDRESS CHANGES ONLY  CODUMENT IN NO. 2000, INC.  SINET ADDRESS  IN 2000, INC.  SINET ADDRESS  OITY-ST-ZIP  DOCUMENT IN NO.  SINET ADDRESS  OITY-ST-ZIP  SINET ADDRESS  OITY-ST-ZIP  DOCUMENT IN NO.  SINET ADDRESS  OITY-ST-ZIP  SINET			1			Street Addres	ss (P.O. Box Number is Not Acceptable)
6. 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		-				<u> </u>	
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, speed or presentative of registered agent and fine if applicable.  R. Capital Contributions  Signature, speed or presentative of registered agent and fine if applicable.  R. Capital Contributions  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 filled to change a general partner.  12. GENERAL PARTNER INFORMATION  13. ADDRESS CHANGES ONLY  DEMONSTRATE ADDRESS  OTH ST. SP.  STREET ADDRESS  OTH ST. SP.  COUMENT / NAME  STREET ADDRESS  OTH ST. SP.  COUMENT / ST. SP.  COUMENT / ST. SP.  COUMENT / ST. ST.  STREET ADDRESS  OTH ST. SP.  COTY ST. SP.  COUMENT / STREET ADDRESS  COTY ST. SP.  COTY ST. SP	JACKSON	WILLE FL 32	202				
SIGNATURE  9. Capital Contributions \$1,750,000.00 10. Amount of Capital Contributions \$11,750,000.00 10. SEE REVERSE Side FOR FEE INFORMATION \$12,000.000.000.000.000.000.000.000.000.00						City	FL Zip Code
SIGNATURE  9. Capital Contributions as Shown on record.  11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSES SIDE FOR FEE INFORMATION  A GENERAL PARTINER 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 IN AMAE  STREET ADDRESS  CITY-ST-2P  DOCUMENT IN AMAE  STREET ADDRESS	8. The above	named entity:	submits this statement for th	e purpose of changing	its register	ed office or regis	stered agent, or both, in the State of Florida.
Signature, typical or primate narrow of registanted gipert and the applicable.  9. Capital Contributions as Shown on record \$1,750,000.00 10. Amount of Capital Contributions in FLORIDA to date.  A GENERAL PARTINER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  NOTE: General Partiners MAY NOT be changed on the form; an amendment must be filled to change a general partiner.  12. GENERAL PARTINER INFORMATION 13. ADDRESS CHANGES ONLY  DOCUMENT I NAME 18. ADDRESS CHANGES ONLY  STREET ADDRESS 18. SIREET ADDRESS 18. SI	*		•			١	
9. Capital Contributions as Shown on record.  3. Stever and the step of the st	SIGNATURE .	Signature, typed or	printed name of registered agent and t	title if applicable. (N	OTE: Registere	d Agent signature requ	Jired when reinstating) DATE
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 filled to change a general partner.  12.							11. MAKE CHECK PAYABLE TO DEPT. OF STATE
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filled to change a general partner.  12.	as Snown on record. In FLORIDA to da					UCT DE DEC	
DOCUMENT / NAME   STREET ADDRESS   STR		NOTE:	Géneral Partners MAY I	NOT be changed or	the form	ı; an amendm	ent must be filed to change a general partner.
DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP CITY-		F0000000	·	IFORMATION	13.		
DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP CITY-		INN 2000, INC.		STRE	ET ADDRESS		
DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP CITY-							
DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP  DOCUMENT / NAME / NAME STREET ADDRESS CITY-ST-ZIP  DOCUMENT / NAME / N	CITY-ST-ZIP	ST. SIMON	S ISLAND GA 31522		CITY	-ST-ZIP	100004514451 - 1
INAME STREET ADDRESS CITY-ST-ZIP  DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP  DOCUMENT / STREET ADDRESS CITY-ST-ZIP  DOCUMENT / STREET ADDRESS CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  DOCUMENT / STREET ADDRESS CITY-ST-ZIP  CITY-ST-ZIP  DOCUMENT / STREET ADDRESS CITY-ST-ZIP  CITY-ST-ZIP  TABLESS CITY-ST-ZIP  14. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information			-		STRE	ET ADDRESS	****526.25 *****526.25
CITY-ST-ZIP  DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP  DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP  DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  DOCUMENT # STREET ADDRESS CITY-ST-ZIP  DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP  DOCUMENT # STREET ADDRESS CITY-ST-ZIP  STREET ADDRESS CITY-ST-ZIP  DOCUMENT # STREET ADDRESS CITY-ST-ZIP  DOCUMENT # STREET ADDRESS CITY-ST-ZIP  STREE					- 1	<del> </del>	
NAME STREET ADDRESS CITY-ST-ZIP  TABLET ADDRESS CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  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		]			CITY	-ST-ZIP	
TREET ADDRESS CITY-ST-ZIP  STREET ADDRESS CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  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	DOCUMENT #	<u> </u>			QTD2	FT ADDRESS	
DOCUMENT   STREET ADDRESS   CITY-ST-ZIP    14. I hereby certify that the information supplied with this filing goes not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information	NAME~		The second of the second	A STATE OF THE PARTY OF THE STATE OF THE STA	STRE	"FI WDDUC99	1000045144812
DOCUMENT   STREET ADDRESS   CITY-ST-ZIP    14. I hereby certify that the information supplied with this filing goes not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information					CITY	-ST-ZIP	-08/03/0101058031
NAME STREET ADDRESS CITY-ST-ZIP  DOCUMENT *  NAME STREET ADDRESS CITY-ST-ZIP  DOCUMENT *  STREET ADDRESS CITY-ST-ZIP  CITY-ST-ZIP  DOCUMENT *  STREET ADDRESS CITY-ST-ZIP  DOCUMENT *  STREET ADDRESS CITY-ST-ZIP  Thereby 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	DOCUMENT #				$\dashv$		<del>*************************************</del>
CITY-ST-ZIP  DOCUMENT STREET ADDRESS CITY-ST-ZIP  CITY-ST-ZIP  STREET ADDRESS CITY-ST-ZIP  DOCUMENT STREET ADDRESS CITY-ST-ZIP  STREET ADDRESS CITY-ST-ZIP  Thereby 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	NAME		•		STRE	E) ADDRESS	
DOCUMENT STREET ADDRESS CITY-ST-ZIP  DOCUMENT STREET ADDRESS CITY-ST-ZIP  STREET ADDRESS CITY-ST-ZIP  STREET ADDRESS CITY-ST-ZIP  14. Thereby certify that the information supplied with this filing goes not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information		!	•		CITY	-ST-ZIP	
NAME STREET ADDRESS CITY-ST-ZIP  DOCUMENT   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)(i), Florida Statutes,   further certify that the information							
CITY-ST-ZIP  DOCUMENT   STREET ADDRESS   CITY-ST-ZIP  STREET ADDRESS   CITY-ST-ZIP  14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes,   further certify that the information		<u> </u>			STRE	ET ADDRESS	
DOCUMENT # NAME # / STREET ADDRESS CITY-ST-ZIP  14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes,   further certify that the information			1		CITY	-ST-7IP	
NAME STREET ADDRESS  CITY-ST-ZIP  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,   further certify that the information	CITY-ST-ZIP		·				
CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP 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,   further certify that the information		]			STRE	ET ADDRESS	
CITY-ST-ZIP  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		1					
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					CITY	-ST-ZIP	
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	14. I hereby o	certify that the i	nformation supplied with this	s filing does not qualify	for the exe	mption stated in	Section 119.07(3)(i), Florida Statutes. I further certify that the information