


# 2001 UNIFORM BUSINESS REPORT (UBR)

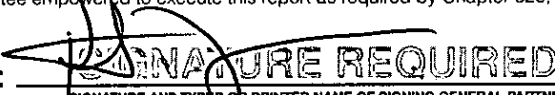
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|--|-----------------------------------|--|-----------------------|
| <b>DOCUMENT #</b> A96000001719   |                                   |  |                       |
| <b>1. Entity Name</b><br>BRANDON HOTEL MANAGEMENT, LTD.  |                                   |  |                       |
| <b>Principal Place of Business</b><br>2817 N.E. 25TH COURT<br>FT. LAUDERDALE FL 33305  |                                   | <b>Mailing Address</b><br>2817 N.E. 25TH COURT<br>FT. LAUDERDALE FL 33305          |                       |
| <b>2. Principal Place of Business</b>  |                                   | <b>3. Mailing Address</b>  |                       |
| Suite, Apt. #, etc.  |                                   | Suite, Apt. #, etc.  |                       |
| City & State   |                                   | City & State   |                       |
| Zip  | Country                           | Zip  | Country               |
| <b>6. Name and Address of Current Registered Agent</b>   |                                   | <b>7. Name and Address of New Registered Agent</b>                                 |                       |
| SPARKMAN, STEVEN L<br>ONE HARBOUR PLACE, SUITE 400<br>TAMPA FL 33602   |                                   | Name <b>SPARKMAN, STEVEN L</b>   |                       |
|  |                                   | Street Address (P.O. Box Number is Not Acceptable)<br><b>212 NORTH Collins ST.</b> |                       |
|  |                                   | City <b>PLANT CITY</b> FL Zip Code <b>33566</b>                                    |                       |
|  |                                   |  |                       |
| <b>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.</b><br><br>SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____<br>Signature, typed or printed name of registered agent and title if applicable. |                                   |  |                       |
| <b>9. Capital Contributions as Shown on record.</b> \$990.00   |                                   | <b>10. Amount of Capital Contributions in FLORIDA to date.</b>                     |                       |
| <b>11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION</b>   |                                   |  |                       |
| <b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b><br><b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>  |                                   |  |                       |
| <b>12. GENERAL PARTNER INFORMATION</b>   |                                   | <b>13. ADDRESS CHANGES ONLY</b>  |                       |
| DOCUMENT #   | F96000004772                      | STREET ADDRESS   |                       |
| NAME   | INTEGRITY HOTELS, INC.            | CITY-ST-ZIP  |                       |
| STREET ADDRESS   | 115 PERIMETER CENTER PLACE, #1010 |  |                       |
| CITY-ST-ZIP  | ATLANTA GA 30346                  |  |                       |
| DOCUMENT #   |                                   | STREET ADDRESS   | 4000003831234--0      |
| NAME   |                                   | CITY-ST-ZIP  | -03/12/01--01123--001 |
| STREET ADDRESS   |                                   |  | ****141.25 ****141.25 |
| CITY-ST-ZIP  |                                   |  |                       |
| DOCUMENT #   |                                   | STREET ADDRESS   |                       |
| NAME   |                                   | CITY-ST-ZIP  |                       |
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| CITY-ST-ZIP  |                                   |  |                       |
| DOCUMENT #   |                                   | STREET ADDRESS   |                       |
| NAME   |                                   | CITY-ST-ZIP  |                       |
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| DOCUMENT #   |                                   | STREET ADDRESS   |                       |
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 SECRETARY OF STATE  
 TALLAHASSEE FLORIDA  


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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 REQUIRED** 3/6/01

Daytime Phone # \_\_\_\_\_

CR2E003 (11/00)