2001	UNIFORM	BUSINESS	REPORT	(UBR
	4 4			1

DOCUMENT # A9600001881 1. Enlity Name					
INTRAM HOSPITALITY LTD.	FILED				
Principal Place of Business Mailing Address 5401 S. KIRKMAN ROAD. SUITE 725 5401 S. KIRKMAN ROAD ORLANDO FL 32819 ORLANDO FL 32819	O1 MAY - I AM II: 47 AD. SUITE 725 SECRETARY OF STATE TALLAHASSEE, FLORDA				
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite 601 Suite 6 City & State City & State	DO NOT WRITE IN THIS SPACE 4. FEI Number 50 2010410 Applied For				
Orlando FL Orlando Zip Country Zip	Country Section - Section - Section - Country Section - Country - -				
32819 US 32819 6. Name and Address of Current Registered Agent	5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent				
Name					
Khatib, Rashid a 5401 S. Kirkman Road, Suite 725	Street Address (P.O. Box Number is Not Acceptable)				
ORLANDO FL 32819	5728 MAJOR BLVD., STE. 601 CitORLANDO FL 32819 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 Signature, typed or printed name of registered agent and title if applicable. (NOT Registered Agent signature required when reinstating) DATE					
9. Capital Contributions as Shown on record. 10. Amount of Capit il Contributions in FLORIDA to diste. 4376 210 11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION					
A GENERAL PARTNER THAT IS A BUSINESS EN FITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on till e form; an amendment must be filed to change a general partner.					
, 12. GENERAL PARTNER INFORMATION DOCUMENT / P95000049236	13. ADDRESS CHANGES ONLY				
NAME INTRAM HOSPITALITY, INC. STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32819	STREET ADDRESS 5728 MAJOR BLVD., STE. 601 CITY-SI-ZIP ORLANDO FL 32819 STREET ADDRESS				
DOCUMENT # NAME	STREET ADDRESS STREET ADDRESS				
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DOCUMENT / NAME	STREET ADDRESS .				
STREET ADDRESS CITY-SI-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 indicated on this report is true and accurate and that my signature shall have ne 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 Chap at 620, Florida Statutes. SIGNATURE: President Of General Partner (407) 354 - 2200					
SIGNATURE:					