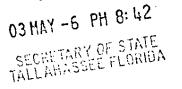


Principal Place of Business 5728 MAJOR BLVD. STE. 601 ORLANDO FL 32819

Mailing Address 5728 MAJOR BLVD., STE, 601 ORLANDO FL 32819

03 HAY -6 PH 8: 42



2. Principal Place of Business		3. Mailing Address	3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		DUE BY MAY 1, 2003		
City & State		City & State	City & State		4. FEI Number 59-3340116	Applied For Not Applicable	
Zip	Country	Zip	Country		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
KHATIB, RASHII	) A			Name			
5728 MAJOR BL	.VD., STE. 601		Street Addre		s (P.O. Box Number is Not Acceptable)		
ORLANDO FL 3	2819						
			ĺ	City	F	Zip Code	
8. The above named the obligations of		nt for the purpose of changir	ng its registere	d office or regis	stered agent, or both, in the State of Florida. I a	m familiar with, and accept	

as Shown on record.

Signature, typed or printed name of registered agent and title if applicable. 9. Capital Contributions

\$5,000,000.00

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 <b>#</b> NAME	P95000049236 INTRAM HOSPITALITY, INC.	STREET ADDRESS	
STREET ADDRESS CITY-ST-ZIP	5728 MAJOR BLVD., STE. 601 Orlando Fl 32819	CITY-ST-ZIP	600018313576 05/06/0301128013 **526.25
DOCUMENT <b>#</b> NAME		STREET ADDRESS	03/ 03/ 03 011C0 013 **JC0.23
STREET ADDRESS CITY-ST-ZIP	·	CITY-ST-ZIP	
DOCUMENT # NAME		STREET ADDRESS	
STREET ADDRESS CITY-ST-ZIP		C(TY-ST-ZIP	
DOCUMENT # NAME		STREET ADDRESS	
STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT # NAME		STREET ADDRESS	
STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT # NAME		STREET ADDRESS	
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. 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