2000 UNIFORM BUSINESS REPORT (UBR) A97000000729 DOCUMENT # SECRETARY OF STATE 1. Entity Name TALLAHASSEE HOTEL ASSOCIATES, LTD. DIVISION OF CORPORATIONS 00 MAY -2 PM 5: 39 Mailing Address Principal Place of Business C/O MARVIN S. ROSEN. ESQ. C/O MARVIN S. ROSEN. ESQ. 222 LAKEVIEW AVE., SUITE 800 222 LAKEVIEW AVE., SUITE 800 WEST PALM BEACH FL 33401-6148 WEST PALM BEACH FL 33401 3. Mailing Address Principal Place of Business 5775 PEACHTREE DUNWOODYRD 775 HEACHTREE ()UNNOO) Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE SUITE 175-D SUITE 17 City & State Applied For 4. FEI Number APPLIED FOR GA Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent NRAI SERVICES ROSEN, MARVIN S Street Address (P.Q. Box Number is Not Acceptable) RUDEN, MCCLOSKY, SMITH, SCHUSTER & RUSSELL 526 East Park Avenue 222 LAKEVIEW AVE., SUITE 800 WEST PALM BEACH FL 33401 CHTALLAHASSEE 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 Betty B. Young 05/02/2000 SIGNATURE (NOTE: Registered Agent signature required when reinstating) 11. MAKE CHECK PAYABLE TO DEPT. OF STATE mount of Capital Contributions 9. Capital Contributions SEE REVERSE SIDE FOR FEE INFORMATION as Shown on record n FLORIDA to 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 filed to change a general partner. ADDRESS CHANGES ONLY 12. GENERAL PARTNER INFORMATION P97000028456 DOCUMENT# STREET ADDRESS TALLAHASSEE HOTEL, INC. NAME 222 LAKEVIEW AVE., SUITE 800 STREET ADORESS CITY-ST-ZIP WEST PALM BEACH FL 33401 CITY-ST-ZIP 500003246115-DOCUMENT # STREET ADDRESS -05/10/00--01015--001 ****141,25 ****141,25 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP - DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP DOCUMENT# STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT# STREET ADDRESS NAME

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 629, Florida Statutes

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

RINTED NAME OF SIGNING GENERAL PARTNER
SIZE A FIGURE AND TO TALLAHASSOE HOTEL, INC.