

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A97000001018

1. Entity Name

CELEBRATION HOTEL, LTD.

Principal Place of Business

7380 SAND LAKE ROAD, SUITE 120
ORLANDO FL 32819

Mailing Address

7380 SAND LAKE ROAD, SUITE 120
ORLANDO FL 32819

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

4. FEI Number

59-3446994

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$500,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

2,081,975

11. MAKE CHECK PAYABLE TO 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 #	P97000040655	STREET ADDRESS	
NAME	RCK CELEBRATION, INC.	CITY-ST-ZIP	
STREET ADDRESS	7380 SAND LAKE ROAD, SUITE 120		
CITY-ST-ZIP	ORLANDO FL 32819		
DOCUMENT #		STREET ADDRESS	FF \$ 526.25
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	5000003959005--9
STREET ADDRESS			-04/04/01--01005--018
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DOCUMENT #		STREET ADDRESS	
NAME		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. 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:

Charles M. REED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/22/01

407-990-9999

Daytime Phone #

CR2E003 (11/00)

2001
2000

01 MAR 30 PM 3: 59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



MJH

DO NOT WRITE IN THIS SPACE

Daytime