2003 LIMITED PARTNERSHIP **UNIFORM BUSINESS REPORT (UBR)**

A97000001635 **DOCUMENT #**

1. Entity Name PONCE DE LEON HOTELS OF ORLANDO, LTD.



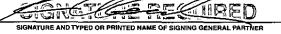
03 MAY -2 PM 6: 17 SECRETARY OF STATE TALLAHASSEE FLORIDA MJH Mailing Address 7380 SAND LAKE ROAD, SUITE 120 Principal Place of Business 7380 SAND LAKE ROAD, SUITE 120 ORLANDO FL 32819 ORLANDO FL 32819 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DUE BY MAY 1, 2003 City & State City & State 4. FEI Number 59-3464124 Applied For Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE 9. Capital Contributions 10. Amount of Capital Contributions \$7,500.00 as Shown on record. in FLORIDA to date. 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. DOCUMENT # STREET ADDRESS PONCE DE LEON HOTELS OF ORLANDO, INC. NAME 7380 SAND LAKE ROAD, SUITE 120 STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32819 CITY-ST-ZIP 900017916659 DOCUMENT # STREET ADDRESS 05/02/03--01116--007 NAME STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS

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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:

NAME



CR2E003 (10/02)