

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A97000002262

1. Entity Name  
RDP ROYAL PALM HOTEL LIMITED PARTNERSHIP

FILED

03 JUN 25 PM 4: 26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDAPrincipal Place of Business  
100 S.E. 2ND STREET  
SITE 4650  
MIAMI FL 33131Mailing Address  
100 S.E. 2ND STREET  
SITE 4650  
MIAMI FL 331312. Principal Place of Business  
550 BILTMORE WAY3. Mailing Address  
550 BILTMORE WAYSuite, Apt. #, etc.  
SUITE 970Suite, Apt. #, etc.  
SUITE 970City & State  
CORAL GABLES, FLCity & State  
CORAL GABLES, FL

DUE BY MAY 1, 2003

4. FEI Number 65-0830055

Applied For  
Not Applicable

Zip 33134 Country MIAMI-DADE

Zip 33134 Country MIAMI-DADE

5. Certificate of Status Desired ☒ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CIT 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. I am familiar with, and accept the obligations of registered agent.

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

DATE

9. Capital Contributions \$8,999,400.00  
as Shown on record.10. Amount of Capital Contributions  
in FLORIDA to date.11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATIONA 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 # P97000087440  
NAME PADC HOSPITALITY CORPORATION I  
STREET ADDRESS 100 S.E. 2ND STREET, #4650  
CITY-ST-ZIP MIAMI FL 33131STREET ADDRESS  
CITY-ST-ZIP200018961722  
05/14/03--01095--007 \*\*1838.75DOCUMENT #  
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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: \_\_\_\_\_

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #