

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0001221 AV

DOCUMENT # **A97000002568**

1. Entity Name  
**BCCC HOTEL LIMITED PARTNERSHIP**



**FILED**

**03 MAY 14 PM 1:30**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



Principal Place of Business  
**100 S.E. SECOND ST., #4650  
MIAMI FL 33131**

Mailing Address  
**100 S.E. SECOND ST., #4650  
MIAMI FL 33131**

2. Principal Place of Business  
**550 BILTMORE WAY**

3. Mailing Address  
**550 BILTMORE WAY**

Suite, Apt. #, etc.  
**SUITE 970**

Suite, Apt. #, etc.  
**SUITE 970**

City & State  
**CORAL GABLES, FL**

City & State  
**CORAL GABLES, FL**

**DUE BY MAY 1, 2003**

4. FEI Number **65-0809006**

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

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

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

9. Capital Contributions as Shown on record. **\$10,000,000.00**

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 # **P97000100546**  
NAME **PADC HOSPITALITY CORPORATION II SUITE 970**  
STREET ADDRESS **100 S.E. SECOND ST., #4650 550 BILTMORE WAY**  
CITY-ST-ZIP **MIAMI FL 33131 CORAL GABLES, FL 33134**

STREET ADDRESS  
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CITY-ST-ZIP  
**200018846652**  
**05/14/03-01002-006 \*\*\$33.00**

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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: \_\_\_\_\_**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (10/02)

STATE CHECK HERE