APPRUVEL

2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

A97000002623 DOCUMENT # 1. Entity Name 02 APR 24 AM 10: 15 HRCF BAYSIDE HOTEL LIMITED SECRETARY OF STATE TAULAHASSEE, FLORIDA Principal Place of Business Mailing Address 15201 ROOSEVELT BLVD., SUITE 112 15201 ROOSEVELT BLVD., SUITE 112 CLEARWATER FL 33760 CLEARWATER FL 33760 2. Principal Place of Business 3. Mailing Address 15500 ROBSEVELT 15500 ROOSEVELT Suite, Apt. #, etc. Suite, Apt. #, etc. **DUE BY MAY 1, 2002** SUUTE 303 Suire 343 City & State City & State 4. FEI Number Applied For 59-3480463 Not Applicable Zip Country Country \$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 HAYDON, ROGERS K JR Street Address (P.O. Box Number is Not Acceptable) 15500 ROOSEVELT BLVD S 15201 ROOSEVELT BLVD., SUITE 112 **CLEARWATER FL 33760** City 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. 9. Capital Contributions 10. Amount of Capital Contributions 11. MAKE CHECK PAYABLE TO DEPT. OF STATE \$1,600,000.00 in FLORIDA to date. 1600 as Shown on record. 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 ADDRESS CHANGES ONLY 13. CR2E003 (9/01) DOCUMENT # P97000077554 STREET ADDRESS HR BAYSIDE HOTEL, INC. STREET ADDRESS 15201 ROOSEVELT BLVD., SUITE 112 CITY-ST-ZIP CITY-ST-ZIP **CLEARWATER FL 33760** DOCHMENT # P97000077413 STREET ADDRESS CUTLER BAYSIDE HOTEL, INC. 35388 U.S. HWY 19 NORTH STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF PALM HARBOR FL 34684 DOCUMENT # P97000100552 STREET ADDRESS NAME FERRELL-JOHNSEN, INC, STREET ADDRESS 3379 WEST VINE STREET, SUITE 309 CITY-ST-ZIP CITY-ST-ZIP KISSIMMEE FL 34741 DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NĂME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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