2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

STAPLE CHECK HERE

DOCUMENT # A9700002623  1. Entity Ñame HRCF BAYSIDE HOTEL LIMITED				FILED 2003 JUN 13 PM 3:55	
		Mailing Address 15500 ROOSEVELT BLVD. CLEARWATER FL 33760	STE. 303	DIVILION OF CORPORATIONS TAELAHASSEE, FEORIDA	
Principal Place of Business     3. Mailing Address					
Suite, Apt. #, etc. Suite, Apt. #, etc.		<u> </u>	DUE BY MAY 1, 2003		
City & State City & State		City & State		4. FEI Number 59-3480463	Applied For Not Applicable
Zip	Country	Zip	Country	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		
HAYDON, ROGERS K JR			Name		
15500 ROOSEVELT-BLVD., STE-303			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.					
9. Capital Contributions as Shown on record.  10. Amount of Capital Contributions in FLORIDA to date. 1, 600,000.00  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 # NAME STREET ADDRESS	CLEARWATER FL 33760		STREET ADDRESS		(6)
CITY-ST-ZIP			CITY-ST-ZIP	200017805412	
DOCUMENT # NAME STREET ADDRESS	PALM HARBOR FL 34684		STREET ADDRESS	05/01/0301021032 **446.25	
CITY-ST-ZIP			CITY-ST-ZIP		
DOCUMENT # NAME STREET ADDRESS	P97000100552 FERRELL-JOHNSEN, INC, 123 SOUTH CLYDE AVE. KISSIMMEE.FL.34741		STREET ADDRESS	2000178054 06/16/0301076008	** <del>*</del> *88.75
CITY-ST-ZIP			CITY-ST-ZIP		
NAME			STREET ADDRESS	<del></del>	-
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP		
DOCUMENT # NAME			STREET ADDRESS		
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP		
DOCUMENT # NAME			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					

SIGNATURE: