

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98000000805
1. Entity Name
 TH HOTEL LIMITED

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

00 MAY -1 PM 12: 06



DO NOT WRITE IN THIS SPACE

Principal Place of Business 15201 ROOSEVELT BLVD., STE. 112 CLEARWATER FL 33760
Mailing Address 15201 ROOSEVELT BLVD., STE. 112 CLEARWATER FL 33760-3559

2. Principal Place of Business Suite, Apt. #, etc.
3. Mailing Address Suite, Apt. #, etc.
City & State
4. FEI Number 59-3501996 **Applied For** Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 HAYDON, ROGERS K JR.
 15201 ROOSEVELT BLVD., STE. 112
 CLEARWATER FL 33760

7. Name and Address of New Registered Agent
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.

SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **DATE** _____

9. Capital Contributions as Shown on record. \$1,750,100.00 **10. Amount of Capital Contributions in FLORIDA to date.** \$1,750,100.00 **11. MAKE CHECK PAYABLE TO 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 | |
|---------------------------------|---------------------------------|
| DOCUMENT # | P98000027971 |
| NAME | HRCF, INC. |
| STREET ADDRESS | 15201 ROOSEVELT BLVD., STE. 112 |
| CITY - ST - ZIP | CLEARWATER FL 33760 |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| DOCUMENT # | |
| NAME | |
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| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

| 13. ADDRESS CHANGES ONLY | |
|--------------------------|---|
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| STREET ADDRESS | 200003292272--4 |
| CITY - ST - ZIP | 06/15/00 01120-003 *****535.00 *****535.00 |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
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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: **ROGERS HAYDON** 4/19/00 727-539-0777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

COPY (9)