

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A98000000805**

1. Entity Name  
**TH HOTEL LIMITED**



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
**03 JUN 27 PM 1:08**

Principal Place of Business  
**316 W. TENNESSEE STREET  
HOLIDAY INN SELECT  
TALLAHASSEE FL 32301**

Mailing Address  
**15500 ROOSEVELT BLVD.  
SUITE 303  
CLEARWATER FL 33760**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**DUE BY MAY 1, 2003**

City & State

City & State

4. FEI Number **59-3501996**

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.  
15500 ROOSEVELT BLVD., STE. 303  
CLEARWATER FL 33760**

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  
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 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 # **P98000027971**  
NAME **HRCF, INC.**  
STREET ADDRESS **15500 ROOSEVELT BLVD. SUITE 303**  
CITY-ST-ZIP **CLEARWATER FL 33760**

STREET ADDRESS

CITY-ST-ZIP

**900017916739**

**08/27/03-01017-001 \*\*37.50**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

**900017916739**

**09/02/03-01112-020 \*\*446.25**

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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 OF HRCF, INC.  
HAYDON, JR**

**4/9/03**

**722-539-0277**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR3E003 (10/02)

0014221 AT

STAPLE CHECK HERE