

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98000001475			
1. Entity Name AIRPORT HOTEL GROUP, LTD.			
Principal Place of Business 2800 S.W. 28 TERRACE MIAMI FL 33133		Mailing Address 2800 S.W. 28 TERRACE MIAMI FL 33133-3713	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
STARKMAN, MARK R 1500 SAN REMO AVENUE, SUITE 125 CORAL GABLES FL 33146		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code

FILED
00 JAN 18 PM 2:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0851368	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. \$3,230,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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 #	218831	STREET ADDRESS	
NAME	HOSPITALITY OPERATIONS, INC.	CITY - ST - ZIP	200003109712--2
STREET ADDRESS	2800 S.W. 28 TERRACE		-01/25/00--01040--017
CITY - ST - ZIP	MIAMI FL 33133		****526.25 ****526.25
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	100003107261--3
STREET ADDRESS			02/24/00--01101--017
CITY - ST - ZIP			****526.25 ****526.25
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
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NAME		CITY - ST - ZIP	
STREET ADDRESS			
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* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER** Date: **1/13/00** Daytime Phone #: **305-661-1230**