2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98000001890					<u>'</u>	
TEMPUS RESORTS MANAGEMENT, LTD.				FILED		
Principal Place of Business 7380 SAND LAKE ROAD, STE. 600 ORLANDO FL 32819		Mailing Address 7380 SAND LAKE ROAD. STE. 600 ORLANDO FL 32819		ı	O1 MAY -7 AM 11: 46 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 3. Mailing Address						
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE	
City & State		City & State			4. FEI Number	
Zip	Country	Zip	Coun	itry	5. Certificate of Status Desired \$8.75 Additional Fee Required	
	6. Name and Address of Current F	Registered Agent			7. Name and Address of New Registered Agent	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525				Name Street Address (P.O. Box Number is Not Acceptable)		
IALLAHA		City		FL Zip Code		
3. 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						
9. Capital Contributions as Shown on record. 10. Amount of Capital Contributions in FLORIDA to date.						
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 I 13. ADDRESS CHANGES ONLY						
DOCUMENT # NAME STREET ADDRESS	1 1 000 ON TO DAILE HOND, OIL. OU			EET ADDRESS	See general partner	
CITY-ST-ZIP DOCUMENT #	ORLANDO FL 32819 (499	00000 49717)	ļ		change - filed on 12/1/00	
NAME STREET ADDRESS				-ST-ZIP		
ODCUMENT #	٠,		STRE	ET ADDRESS	3000043756135 -06/07/0101132008	
STREET ADDRESS CITY-ST-ZIP			CITY	-ST-ZIP	****535 <u>,08</u> ****535.00	
DOCUMENT # NAME			STRE	ET ADDRESS		
STREET ADDRESS CITY-ST-ZIP			CITY	-\$1-ZIP		
DOCUMENT #			STRE	ET ADDRESS		
SCITET ADDRESS CITY-ST-ZIP			CITY	-ST-ZIP		
DOCUMENT / NAME			STRE	ET ADDRESS		
STREET ADDRESS CITY-ST-ZIP				-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 Require Farmell, President of Tempus (401) SIGNATURE. SIGNATURE. 130 / 01 221 - 1000						
SANATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #						