2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98000002664

1. Entity Name

HSS PROPERTIES, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUL 31 PM 1:25

Principal Place of Business	Mailing Address
222 WEST COMSTOCK AVENUE. SUITE 210 WINTER PARK FL 32789	222 WEST COMSTOCK AVENUE. SUITE 210 WINTER PARK FL 32789-4272

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
222 S. Pennsylvania Ave.		P.O. Box 2146	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Suite 200			
City & State		City & State	
Winter Park, FL		Winter Park, FL	
Zip	Country	Zip	Country
32789	U.S.	32790	U.S.

4. FEI Number ~~XXXXXXXXX~~ APPLIED FOR 59-3562992 — Applied For / Not Applicable

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
HAIRE, PAUL L 2457 SILVER STAR ROAD ORLANDO FL 32804	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.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
$990.00		

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 #	P98000090196	STREET ADDRESS	222 S. Pennsylvania Ave., Suite 200
NAME	HSS PROPERTIES, INC.	CITY-ST-ZIP	Winter Park, FL 32789
STREET ADDRESS	222 WEST COMSTOCK AVENUE, SUITE 210		
CITY-ST-ZIP	WINTER PARK FL 32789		
DOCUMENT #		STREET ADDRESS	400003850074--1
NAME		CITY-ST-ZIP	-08/08/00--01093--002
STREET ADDRESS			****141.25 ****141.25
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

CR2E003 (9/99)

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: PAUL L. HAIRE 2/10/00 407 296-2911

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #