

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98000002869

1. Entity Name

FORTUNE HOTELS INVESTOR GROUP, LTD.

Principal Place of Business

5600 GULF BOULEVARD
ST. PETE BEACH FL 33706

Mailing Address

5600 GULF BOULEVARD
ST. PETE BEACH FL 33706

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02 MAY 29 PM 12:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business		3. Mailing Address		DUE BY MAY 1, 2002		
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State		4. FEI Number	59-3548336	Applied For
Zip	Country	Zip	Country	5. Certificate of Status Desired		Not Applicable
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent		
BOGOTT, TIMOTHY R 5600 GULF BOULEVARD ST. PETE BEACH FL 33706				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.

DATE

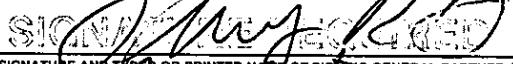
9. Capital Contributions as Shown on record.	\$10,500,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED 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 #	L98000003410	STREET ADDRESS	
NAME	FORTUNE HOTELS MANAGEMENT, LLC	CITY-ST-ZIP	
STREET ADDRESS	5600 GULF BOULEVARD		
CITY-ST-ZIP	ST. PETE BEACH FL 33706		
DOCUMENT #		STREET ADDRESS	8000005695738-6
NAME		CITY-ST-ZIP	-06/07/02-01008-031
STREET ADDRESS			****526.25 ****526.25
CITY-ST-ZIP			
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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Timothy R. Bogott 3/8/02

Date

727 562 1221

Daytime Phone #

CR2E03 (9/01)