

**2003 LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **A9800002869**



1. Entity Name
FORTUNE HOTELS INVESTOR GROUP, LTD.

FILED

03 JUN -5 AM 08:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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.

DUE BY MAY 1, 2003

City & State

City & State

4. FEI Number **59-3548336**

Applied For
Not Applicable

Zip

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current 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. 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 **\$10,500,000.00** 10. Amount of Capital Contributions
as Shown on record. in FLORIDA to date. 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 #	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	F 0000020539650
NAME		CITY-ST-ZIP	06/05/03--01023--nn1 **5.26.25
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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

1/14/03

Date

Daytime Phone #

0013886

AT

CR2E003 (10/02)