

# 2002 UNIFORM BUSINESS REPORT (UBR)

0009782 AT

**DOCUMENT # A99000001008**

1. Entity Name  
**HOTEL GENPAR, LTD.**

FILED

02 MAR -1 PM 3: 57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business 2121 S.W. 3RD AVENUE, SUITE 800 MIAMI FL 33129	Mailing Address 2121 S.W. 3RD AVENUE, SUITE 800 MIAMI FL 33129
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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**DUE BY MAY 1, 2002**

4. FEI Number <b>65-0932710</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

**PITA, RODOLFO**  
2121 SW 3RD AVE., SUITE 800  
MIAMI FL 33129

**7. Name and Address of New Registered Agent**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and fee filer if applicable.

9. Capital Contributions as Shown on record. <b>14,759,254.00</b>	10. Amount of Capital Contributions in FLORIDA to date. <b>\$ 14,759,254.00</b>	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	
DOCUMENT #	<b>P99000055977</b>
NAME	<b>HOTEL GENERAL PARTNER, INC.</b>
STREET ADDRESS	<b>2121 S.W. 3RD AVENUE</b>
CITY-ST-ZIP	<b>MIAMI FL 33129</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
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CITY-ST-ZIP	

**100005042431--5**  
03/05/02 01007 023  
\*\*\*2276.25 \*\*\*526.25

**FF \$526.25**

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: **2/22/2002** (305)285-2211  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/01)

STAPLE CHECK HERE