

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0009863 AT

DOCUMENT # A99000001008



1. Entity Name
HOTEL GENPAR, LTD.

FILED
03 APR 16 PM 2:44
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

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

4/16

DUE BY MAY 1, 2003

Suite, Apt. #, etc.	Suite, Apt. #, etc.	City & State	City & State
4. FEI Number 65-0932710	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>		
5. Certificate of Status Desired <input type="checkbox"/>	8.75 Additional Fee Required		

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$14,759,254.00	10. Amount of Capital Contributions in FLORIDA to date. 8,670,430	11. MAKE CHECK PAYABLE TO FL. 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 #	P99000055977	STREET ADDRESS	
NAME	HOTEL GENERAL PARTNER, INC.	CITY-ST-ZIP	
STREET ADDRESS	2121 S.W. 3RD AVENUE		
CITY-ST-ZIP	MIAMI FL 33129		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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STREET ADDRESS			
CITY-ST-ZIP			

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GL - 7860-0000

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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 [Signature] Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CR2E003 (10/02)

SAMPLE CHECK LABEL