2000	UNIFORM BUS	INESS RI	EPORT	(UBR)		
DOCUMENT # A9900001901 1. Entity Name COURTYARD TOWERS, LTD.					SECRETARY OF STATE DIVISION OF CORPORATIONS	
Principal Place of Business Mailing Address 3300 SOUTH HIAWASSEE ROAD POST OFFICE BOX 4961 SUITE 107 ORLANDO FL 32801					00 MAR 10 PM 3: 13	
2 Principal Place of Business 800 N. H16HLAND AVE Suite, Apt. #, etc. SUITE 200					DO NOT WRITE IN THIS SPACE	
OPLANDO, FC City & State				No.	5 7–36 16 3 Y Y Not Applicable	
328	2803 Country A		Count	<u></u>	5. Certificate of Status Desired S8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent 7. Name and Add					7. Name and Address of New Registered Agent	
B&C CORPORATE SERVICES OF CENTRAL FLORIDA 390 NORTH ORANGE AVENUE				Street Address (P.O. Box Number is Not Acceptable)		
SUITE 1100				·····		
ORLANDO FL 32801				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 .						
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	
as onown	A GENERAL PARTNER T	THAT IS A BUSINE	SS ENTITY M	UST BE REG	SISTERED AND ACTIVE WITH THIS OFFICE. nent must be filed to change a general partner.	
12.	GENERAL PARTNER		13.	, all amendi	ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS	P99000100529 COURTYARD TOWERS, INC. 3300 SOUTH HIAWASSEE ROAD SUITE 107 ORLANDO FL 32801		STRE	ET ADDRESS 8	00 N HIGHLAND AVE, SUITE 200	
CITY-ST-ZIP			CITY-	·ST-ZIP C	PLANDO, PL 32803	
DOCUMENT# NAME	·		STRE	ET ADDRESS	0	
STREET ADDRESS CITY-ST-ZIP		The second second	спү-	- ST - ZIP	4000031724848 03/16/00-01060-004 ****141.25 ****141.25	
DOCUMENT# NAME			STRE	ET ADDRESS	****141.25 ****141.25	
STREET ADDRESS CITY - ST - ZIP		- Appropriate and the second s	CITY	-ST-ZIP	h	
DOCUMENT#			STRE	ET ADDRESS	3/0	
STREET ADORESS CITY-ST-ZIP			слу	- ST - ZBP	1	
DOCUMENT#			STRE	ET ADORESS	3 (1100	
STREET ADDRESS CITY-ST-ZIP		-	CITY	-ST-ZIP		
DOCUMENT / NAME		- Indiana and a second	STRE	ET ADDRESS		
STREET ADDRESS CITY-ST-ZIP			СПҮ-	- ST - ZIP		
14. I hereby o	certify that the information supplied with	this filing does not o	qualify for the exer	mption stated in	n Section 119.07(3)(i), Florida Statutes. I further certify that the information is f 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

3-1-00 Date

407/297-1600