

2002 UNIFORM BUSINESS REPORT (UBR)

0019187 AB

DOCUMENT # A99000001961

FILED

02 APR -1 PM 12: 23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name

JHM RUBY LAKE HOTEL, LTD.

Principal Place of Business

Mailing Address

C/O ALLEN, LANG, CUROTTO & PEED, P.A.
14 EAST WASHINGTON STREET, SUITE 600
ORLANDO FL 32801

880 SOUTH PLEASANTBURG DRIVE, SUITE 3G
GREENVILLE SC 29607



2. Principal Place of Business

3. Mailing Address

Residence Inn LVBV
Suite, Apt. #, etc.
11450 Marbella Palms Ct
City & State
Orlando FL

P.O. Box 8375
Suite, Apt. #, etc.
City & State
Greenville SC

DUE BY MAY 1, 2002

4. FEI Number

57-1088495

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CUROTTO, DONALD ESQ.
C/O ALLEN, LANG, CUROTTO & PEED, P.A.
14 EAST WASHINGTON STREET, SUITE 600
ORLANDO FL 32801

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.

\$1,000,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

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 # M97000000811
NAME AURO AUSTRIAN HOTEL, LLC
STREET ADDRESS 880 SOUTH PLEASANTBURG DRIVE
CITY-ST-ZIP GREENVILLE SC 29607

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT # M99000002013
NAME LAKE BV, LLC
STREET ADDRESS 650 TOWN CENTER DRIVE, SUITE 1720
CITY-ST-ZIP COSTA MESA CA 92626

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
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:

Jayanth R. Ramesh
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

864
3/25/02 2329944.

CR2E003 (9/01)

STATE CHECK HERE