

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A99000001961

1. Entity Name  
JHM RUBY LAKE HOTEL, LTD.



Principal Place of Business  
RESIDENCE INN LBV  
11450 MARBELLA PALMS CT  
ORLANDO FL 32837

Mailing Address  
PO BOX 8375  
GREENVILLE SC 29604

FILED

03 APR -2 AM 11:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY MAY 1, 2003

4. FEI Number 57-1088495

Applied For

Not Applicable

Zip

Country

Zip

Country

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. 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  
as Shown on record.

\$1,000,000.00

10. Amount of Capital Contributions  
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 # 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

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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, typed or printed name of signing officer

3/10/03

Date

804-232-9944

Daytime Phone #

CR2E003 (10/02)

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