

2002 UNIFORM BUSINESS REPORT (UBR)

0017437 AT

DOCUMENT # B00000000123
 1. Entity Name
UNIVERSITY COMMONS HOTEL L.P.

FILED

02 JUN 20 AM 9:46

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business: **C/O ALLIANCE FINANCIAL GROUP, INC. 154 DUNCAN DRIVE NORTH ANDOVER MA 01845**
 Mailing Address: **C/O ALLIANCE FINANCIAL GROUP, INC. 154 DUNCAN DRIVE NORTH ANDOVER MA 01845**



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State

4. FEI Number **04-3489677**
 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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 title if applicable.

9. Capital Contributions as Shown on record. **\$2,001,500.00**

10. Amount of Capital Contributions in FLORIDA to date. **82,001,500.00**

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 # **F97000004137**
 NAME **ALLIANCE FINANCIAL GROUP, INC.**
 STREET ADDRESS **154 DUNCAN DRIVE**
 CITY-ST-ZIP **NORTH ANDOVER MA 01845**

STREET ADDRESS
 CITY-ST-ZIP

DOCUMENT # **M0000000139**
 NAME **TRUE NORTH HOTEL, LLC**
 STREET ADDRESS **7300 WEST 110TH STREET**
 CITY-ST-ZIP **OVERLAND PARK KS 66250**

STREET ADDRESS
 CITY-ST-ZIP

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

STREET ADDRESS
 CITY-ST-ZIP
300005909993--4
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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]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

5/1/02 978-688-3840

CR2E003 (9/01)