

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B00000000123

1. Entity Name
UNIVERSITY COMMONS HOTEL L.P.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 APR -1 PM 12: 32



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY MAY 1, 2003

4. FEI Number **04-3489677**

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

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. 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. **\$2,001,500.00**

10. Amount of Capital Contributions in FLORIDA to date. **92,001,500.00**

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

STREET ADDRESS

CITY-ST-ZIP

B00015035196

DOCUMENT # **M00000000139**
NAME **TRUE NORTH HOTEL, LLC**
STREET ADDRESS **7300 WEST 110TH STREET**
CITY-ST-ZIP **OVERLAND PARK KS 66250**

STREET ADDRESS

CITY-ST-ZIP

04/01/03--01069--002 **526.25

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