

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**B93000000060**

DOCUMENT # **B93000000060**

1. Name of Limited Partnership

**DAYTONA BEACH RESORT, L.P.**

**REINSTATEMENT 2002-2003**

2. Principal Office Address

**2700 North ATLANTIC AVE**

Suite, Apt. #, etc.

City & State

**DAYTONA BEACH, FL**

Zip

**32118**

Country

**USA**

3. Mailing Office Address

**2700 North ATLANTIC AVE**

Suite, Apt. #, etc.

City & State

**DAYTONA BEACH, FL**

Zip

**32118**

Country

**USA**

8. Name and Address of Current Registered Agent

Name

**GEORGE D.E. BURDEN**

Street Address (P.O. Box Number is Not Acceptable)

**434 N. HALIPAZ DR.**

Suite, Apt. #, Etc.

**Suite 1**

City

**DAYTONA BEACH**

State

**FL**

Zip Code

**32118**

9. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

*George D.E. Burden*

DATE **12-19-02**

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

10. Name(s) of General Partner(s)

**RESORT HOTELS, INC.**

**02 PF 500.00**

**02 FF 526.25**

**03 PF 500.00**

**03 FF 526.25**

**REINSTATEMENT**

Address of Each General Partner (Do NOT Use Post Office Box Numbers)

**2700 North ATLANTIC AVE**

City, State and Zip Code

**DAYTONA BEACH, FL 32118**

10a. Registration Document Number

**F 93 000 000 60**

**800008592098**  
**10/25/02--01049--004 \*\*926.25**

**800008592098**  
**02/07/03--01053--022 \*\*2026.25**

**Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.**

11. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

*W. Harrison Marshall*, President

DATE **12-4-02**

Typed or Printed Name of General Partner Signing Form

**W. HARRISON MARSHALL, President**

Telephone Number

CR2E039 (10/02)