

# 2001 UNIFORM BUSINESS REPORT (UBR)

0020014 AB

**DOCUMENT # B93000000264**

1. Entity Name  
**LODGING OPPORTUNITIES L.P. LIMITED**

|   |   |
|---|---|
| Principal Place of Business<br><b>410 SEVERN AVENUE, SUITE 314<br/>ANNAPOLIS MD 21403</b> | Mailing Address<br><b>410 SEVERN AVENUE, SUITE 314<br/>ANNAPOLIS MD 21403</b> |
|---|---|

|   |   |
|---|---|
| 2. Principal Place of Business<br>Suite, Apt. #, etc. | 3. Mailing Address<br>Suite, Apt. #, etc. |
|---|---|

|              |              |  |                               |
|--------------|--------------|--|-------------------------------|
| City & State | City & State | 4. FEI Number<br><b>52-1748284</b>   | Applied For<br>Not Applicable |
| Zip          | Country      | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |                               |

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

|   |   |   |
|---|---|---|
| 9. Capital Contributions as Shown on record. <b>\$50,500.00</b> | 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                     |   |
|---|---|
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>F93000002890<br/>LODGING OPPORTUNITIES CORPORATION<br/>410 SEVERN AVENUE, SUITE 314<br/>ANNAPOLIS MD 21403</b> |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
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| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |


| 13. ADDRESS CHANGES ONLY |   |
|--------------------------|---|
| STREET ADDRESS           |   |
| CITY-ST-ZIP              |   |
| STREET ADDRESS           | <b>3000003768043--3<br/>-02/26/01--01115--007<br/>****442.25 ****442.25</b> |
| CITY-ST-ZIP              |   |
| STREET ADDRESS           |   |
| CITY-ST-ZIP              |   |
| 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:** DAVID J. WEYMER, VP 1/18/01 410-268-0515

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

**FILED**  
01 FEB 21 AM 40  
SECRETARY OF STATE  
TALLAHASSEE, FL



DO NOT WRITE IN THIS SPACE

CR2E003 (11/00)