2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

STAPLE CHECK HERE

SIGNATURE:

DOCU 1. Entity Nam	MENT # B9300	JBR)		F 2003 APR 2	ILED 21 <b>Ph</b> i	: 39			
Principal Plac 410 SEVERN A ANNAPOLIS M	e of Business NENUE. SUITE 314 D 21403 -	Mailing Address 410 SEVERN AVENUE, SUITE 314 ANNAPOLIS MD 21403			DIVIJION OF CORPORATIONS TALLAHASSEE, FLORIDA				
Principas Place of Business     3. Mailing Address					-				
Suite. <sub>s</sub> Apt.	#, etc.	Suite, Apt. #, etc.			DUE BY MAY 1, 2003				
City & State		City & State		4. FEI Number	52-1748284		Applied For Not Applicable		
Zip	Country Zip		Cour	Country 5. Certificate of S		f Status Desired		75 Additional Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
NDAL CED	MACES INC			Name					
NRAI SERVICES, INC. 526 E. PARK AVENUE				Street Address	Address (P.O. Box Number is Not Acceptable)				
TALLAHASSEE FL 32301				City	<b>₽</b> Zip Code				
								<u> </u>	
	named entity submits this statement fi ions of registered agent.  Signature, typed or printed name of registered agen				ered agent, or both		DATE		
9. Capital Co		butions		11. MAKE CHECK					
as Shown	on record.	in FLORIDA to				<del></del>	SIDE FOR FEE	INFORMATION	
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTE NOTE: General Partners MAY NOT be changed on the form; an amendment r									
12.	GENERAL PARTNER INFORMATION				ADDRESS CHANGES ONLY				
DOCUMENT / NAME STREET ADDRESS	F9300002890 LODGING OPPORTUNITIES CORPORATION 410 SEVERN AVENUE, SUITE 314 ANNAPOLIS MD 21403			EET ADDRESS	<del></del>				
CITY-ST-ZIP  DOCUMENT #				-ST-ZIP					
NAME STREET ADDRESS	}		· STRE	EET ADDRESS			ومدر پرسر رسد		
CITY-ST-ZIP				-ST-ZIP	70! 04/21/0	700016340247 			
DOCUMENT # NAME	-	-	STRE	ET ADDRESS					
STREET ADDRESS CITY-ST-ZIP		·	CITY	-ST-ZIP		·			
DOCUMENT # NAME			. STRE	EET ADDRESS					
STREET ADDRESS CITY-ST-ZIP			CITY	-ST-ZIP					
DOCUMENT # NAME			STRE	EET ADDRESS					
STREET ADDRESS CITY-ST-ZIP			CITY	-ST-ZIP					
DOCUMENT # NAME			STRE	ET ADDRESS ,		,			
STREET ADDRESS CITY-ST-ZIP				-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									