

2002 UNIFORM BUSINESS REPORT (UBR)

0017265 AT

DOCUMENT # B93000000429

FILED

02 APR 29 PM 4:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1. Entity Name

LANTANA FLORIDA HOTEL LIMITED PARTNERSHIP

Principal Place of Business

1255 HYPOLUX ROAD 113TH CT.
LANTANA FL 33462

Mailing Address

C/O ASHFORD FINANCIAL CORPORATION
14180 DALLAS PARKWAY STE 810
DALLAS TX 75240

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0441139

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

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
STE. 105
TALLAHASSEE FL 32301

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions
as Shown on record.

\$2,304,198.00

10. Amount of Capital Contributions
in FLORIDA to date.

2304198

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 # F93000003845
NAME FLORIDA HOTEL I CORP.
STREET ADDRESS 3835 MCCOY ROAD
CITY-ST-ZIP ORLANDO FL 32812

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 REQUIRED
G. K. Krichuk
4-8-02
972-278-9283

Date

Daytime Phone #

CR2E003 (9/01)