

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **B94000000030**

1. Entity Name  
**DAYTONA HILTON INVESTORS, LTD.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 JUL 11 AM 9:25



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
570 KIRKLAND WAY  
KIRKLAND WA 98033

Mailing Address  
570 KIRKLAND WAY  
KIRKLAND WA 98033-6250

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number **59-3306570**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY**  
1201 HAYS STREET  
TALLAHASSEE FL 32301

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. **\$0.00**

10. Amount of Capital Contributions in FLORIDA to date. **0**

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 # **F94000000515**  
NAME **DHI RESORT CORP.**  
STREET ADDRESS **25 CENTRAL WAY, #400**  
CITY - ST - ZIP **KIRKLAND WA 98033**

13. ADDRESS CHANGES ONLY

STREET ADDRESS  
CITY - ST - ZIP

DOCUMENT #  
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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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/28/00  
Date

425-827-8737  
Daytime Phone #

C-100000000