

094000000085

DOCUMENT # 394000000085

1. Name of Limited Partnership

NB Hotel Limited

FILED
27 JUN 10 AM 10:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Mailing Address

25 Central Way

Suite, Apt. #, etc.

Ste 400

City & State

Kirkland, WA

Zip

98033

Country

3. Principal Office Address

Same

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

4. Date Formed or Registered

To Do Business in Florida

1994

5. FEI Number

65-0471253

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

\$0.75 Additional Fee required for a Certificate of Status

7. State or Country of Formation

COLORADO

8a. Capital Contributions as Shown

\$ 788,000

8b. Amount of Capital Contributions in

FLORIDA to date

\$ 788,000

FEES: 1.) Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 8b, with a minimum filing fee of \$52.50 and a maximum of \$437.50, for each year due this office.

2.) Supplemental Fee(s): \$103.75 for each year due this office, beginning with 1992 calendar year.

3.) Penalty Fee(s): \$500 penalty fee for each year report form is delinquent.

Note: If the amount entered in 8b is greater than amount entered in 8a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.

9. Name and Address of Current Registered Agent

10. If changed, new registered agent/office

Name

Corporation Service Company

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

1201 Hays St.

Suite, Apt. #, etc.

City

Tallahassee

FL

32301

10a. 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)

Nehorah W. Skipper

DATE

6-5-97

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

11. Names of General Partner(s)

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

City, State and Zip Code

11a. Registration Document Number

Waterside Inns Inc

25 Central Way
Ste 400

Kirkland, WA
98033

1000022090710-5
-06/11/97-01089-014
****665.00 ****665.00

REINSTATEMENT 97

1000022090710-5
-06/11/97-01089-014
****385.00 ****385.00

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

12. 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)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) 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

Philip A. Brown

DATE

5/8/97

Philip A. Brown Secretary

(425) 827-8737

CR2E039 (1/97)



ACCOUNT NO. : 072100000032

REFERENCE : 389298 7116986

AUTHORIZATION :

COST LIMIT : \$ PPD

ORDER DATE : May 13, 1997

ORDER TIME : 4:52 PM

ORDER NO. : 389298-015

CUSTOMER NO: 7116986

CUSTOMER: Ms. Chris Evens
NOBLE HOUSE HOTELS & RESORTS

25 Central Way
Suite 400
Kirkland, WA 98033

DOMESTIC FILING

NAME: NB HOTEL LIMITED

EFFECTIVE DATE:

XX ARTICLES OF INCORPORATION
 CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Paula K. Kendrick

EXAMINER'S INITIALS: _____



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

May 12, 1997

PAULA KENDRICK
CSC NETWORKS
TALLAHASSEE, FL

SUBJECT: NB HOTEL LIMITED
Ref. Number: B94000000085

We have received your document for NB HOTEL LIMITED and check(s) totaling \$665.00. However, your check(s) and document are being returned for the following:

Please note that the anticipated contribution amount we show allocated for Florida for this partnership is \$788,000.00. This is the amount that MUST APPEAR in Item 8-A on the Reinstatement form.

ALSO, PLEASE NOTE that before this partnership can be reinstated, its general partner -- WATERSIDE INNS, INC. must reinstate its status in Florida. The cost to reinstate WATERSIDE INNS, INC. will be \$915.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6914.

Buck Kohr
Corporate Specialist

Letter Number: 697A00025306

RESUBMIT
Please give original
submission date as file date.

RECEIVED
97 JUN 10 AM 9:06
DIVISION OF CORPORATION