

2002 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # **B94000000288**

FILED

02 APR 16 PM 3: 51

1. Entity Name
ST. PETERSBURG FLORIDA HOTEL LIMITED PARTNERSHIP

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
**C/O ASHFORD FINANCIAL CORPORATION
333 1ST ST., SOUTH
ST. PETERSBURG FL 33701-4342**

Mailing Address
**14180 DALLAS PARKWAY, STE. 900
DALLAS TX 75240**

2. Principal Place of Business
3. Mailing Address

DUE BY MAY 1, 2002

Suite, Apt. #, etc.

City & State

4. FEI Number
65-0507400

Applied For
Not Applicable

Zip Country Zip Country

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

9. Capital Contributions as Shown on record. **629,118** 10. Amount of Capital Contributions in FLORIDA to date. **629,018** 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 #	F94000003802	STREET ADDRESS	
NAME	FGS FLORIDA HOTEL CORP.	CITY-ST-ZIP	
STREET ADDRESS	14180 DALLAS PKWY., STE. 900		
CITY-ST-ZIP	DALLAS TX 75240		
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CR2E003 (9/01)

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** _____ DATE: **4-8-02** TELEPHONE: **972-778-8283**