

2001 UNIFORM BUSINESS REPORT (UBR)

0016859 AF

DOCUMENT # B94000000378

1. Entity Name

SUNBELT HOTELS LIMITED PARTNERSHIP OF TEXAS

FILED

01 APR 10 PM 12:06

Principal Place of Business

15600 JOHN F. KENNEDY BLVD., SUITE 700
HOUSTON TX 77032

Mailing Address

1200 SHERMER ROAD
NORTHBROOK IL 60062

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

300 RONAN PARK PLACE

3. Mailing Address

Suite, Apt. #, etc.

City & State

HOUSTON TX

City & State

Zip

Country

77060

4. FEI Number

36-3859281

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

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

(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.

0.00

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 # F94000004925
NAME SUNBELT HOTELS, INC.
STREET ADDRESS 1200 SHERMER ROAD, ONE LANE CENTER
CITY-ST-ZIP NORTHBROOK IL 60062

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CITY-ST-ZIP

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CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

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CITY-ST-ZIP

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****150.00 ****150.00

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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

WILLIAM DEFORREST

3/26/01 847/498-6650

Date

Daytime Phone #

CR2E003 (11/00)