


2001 UNIFORM BUSINESS REPORT (UBR)

0018306 AF

DOCUMENT # B95000000155	
1. Entity Name BOYKIN MIAMI HOTEL LIMITED PARTNERSHIP	
Principal Place of Business 45 W. PROSPECT AVENUE GUILDHALL BLDG. #1500 CLEVELAND OH 44115	Mailing Address 45 W. PROSPECT AVENUE GUILDHALL BLDG. #1500 CLEVELAND OH 44115
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

FILED
2001 MAY 11 PM 2:11
 DIVISION OF CORPORATIONS


DO NOT WRITE IN THIS SPACE

4. FEI Number 34-1793618		Applied For
		Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. \$1,000,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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 #	F93000003249	STREET ADDRESS	
NAME	BOYKIN MIAMI REAL ESTATE COMPANY	CITY-ST-ZIP	
STREET ADDRESS	45 W. PROSPECT AVENUE		
CITY-ST-ZIP	CLEVELAND OH 44115		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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CITY-ST-ZIP			

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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:  **04/18/01** **(216) 430-1200**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER **Paul A. O'Neill, Treasurer of General Partner** Date Daytime Phone #

CR2E003 (11/00)