

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B96000000032

1. Entity Name

COURTYARD II ASSOCIATES, LIMITED PARTNERSHIP

FILED

00 MAR 27 PM 2: 56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business 10400 FERNWOOD ROAD BETHESDA MD 20817-1109	Mailing Address 10400 FERNWOOD ROAD BETHESDA MD 20817-1109
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number 52-1955662	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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. \$31,683,788.00	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 # NAME STREET ADDRESS CITY - ST - ZIP	F96000000225 COURTYARD II ASSOCIATES MANAGEMENT CORP. 10400 FERNWOOD ROAD BETHESDA MD 20817	STREET ADDRESS CITY - ST - ZIP	300003203053--5
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	A25370 COURTYARD BY MARRIOTT II LTD. PARTNERSHIP 10400 FERNWOOD ROAD BETHESDA MD 20817	STREET ADDRESS CITY - ST - ZIP	-04/11/00--01043--023 ****526.25 ****526.25
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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: *Susan E. Wallace* SIGNATURE REQUIRED Susan E. Wallace 03-06-00 301-380-7575  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/99)