

# 2001 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT #

1. Entity Name

B9600000032

COURTYARD II ASSOCIATES, LIMITED PARTNERSHIP

FILED

01 MAR 20 PM 12:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

10400 FERNWOOD ROAD  
BETHESDA, MD 20817-1109

Mailing Address

10400 FERNWOOD ROAD  
BETHESDA, MD 20817-1109

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

10400 Fernwood Road

Suite, Apt. #, etc.

Dept. 72/923

City & State  
Bethesda, MD

Zip

20817-1109

Country

USA

4. FEI Number

52-1955662

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

### 6. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE, FL 32301

### 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. 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

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 # F9600000225  
NAME COURTYARD II ASSOCIATES MGMT CORP  
STREET ADDRESS 10400 FERWOOD ROAD  
CITY-ST-ZIP BETHESDA, MD 20817-1109

DOCUMENT # A25370  
NAME COURTYARD BY MARRIOTT II LTD PARTN.  
STREET ADDRESS 10400 FERWOOD ROAD  
CITY-ST-ZIP BETHESDA, MD 20817-1109

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

### 13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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

SUSAN E. WALLACE

03-07-01

Date

301-380-9000

Daytime Phone #

CR2003 (11/00)