2001 UNIFORM BUSINESS REPORT (UBR)

0018946 AB

DOCUMENT # B96000000252

1. Entity Name

GRANDVIEW HOTEL LIMITED PARTNERSHIP

FILED
01 MAY -3 PM 12:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
383 EAST LEFFEL LANE SPRINGFIELD OH 45505-4746	207 GRANDVIEW DRIVE FT. MITCHELL KY 41017

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 61-1301288 — Applied For / Not Applicable

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
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	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: THEODORE R. MITCHEL SECRETARY/TREASURER GRANDVIEW HOTEL CORPORATION GENERAL PARTNER OF GRANDVIEW HOTEL LIMITED PARTNERSHIP — 4/25/01

Signature, typed or printed name of registered agent and title if applicable. (Registered Agent signature required when reinstating) DATE

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
$31,671,000.00	31,671,000.00	

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 #	F96000003366	STREET ADDRESS	
NAME	GRANDVIEW HOTEL CORPORATION	CITY-ST-ZIP	
STREET ADDRESS	GREATER CINCINNATI INTERNATIONAL AIRPORT		
CITY-ST-ZIP	HEBRON KY 41048		
DOCUMENT #		STREET ADDRESS	400004334044--3
NAME		CITY-ST-ZIP	-05/30/01--01045--004 ****526.25 ****526.25
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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: THEODORE R. MITCHEL SECRETARY/TREASURER GRANDVIEW HOTEL CORPORATION GENERAL PARTNER OF GRANDVIEW HOTEL LIMITED PARTNERSHIP — 4/25/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #

CR2E003 (11/00)