

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # B96000000303



1. Entity Name
BOYKIN HOTEL PROPERTIES, L.P.

FILED
03 APR 23 PM 4:1
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 45 W. PROSPECT AVE. GUILDHALL BLDG., #1500 CLEVELAND OH 44115	Mailing Address 45 W. PROSPECT AVE. GUILDHALL BLDG., #1500 CLEVELAND OH 44115
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2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State City & State

4. FEI Number **34-1824588** Applied For
Not Applicable

Zip Country Zip Country

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

**Corporation Service Company
1201 Hays Street
Tallahassee, FL 32301**

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. I am familiar with, and accept the obligations of registered agent.

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

9. Capital Contributions as Shown on record. \$22.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. 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 #	F96000003605	STREET ADDRESS	
NAME	BOYKIN LODGING COMPANY	CITY - ST - ZIP	600016696336
STREET ADDRESS	45 W. PROSPECT AVE.		04/23/03-01011-000 **141.25
CITY - ST - ZIP	CLEVELAND OH 44115		
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
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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: *Richard C. Conti* **REQUIRED** Richard C. Conti, 04/15/03 (216) 430-1200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #
 President of General Partner

CR2E003 (10/02)