

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B96000000412

1. Entity Name  
GULFSTREAM HOTEL LIMITED PARTNERSHIP



FILED  
03 MAY -2 PM 6:15  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Principal Place of Business  
C/O CORPORATION TRUST CENTER  
1209 ORANGE STREET  
WILMINGTON DE 19801

Mailing Address  
C/O DANIELS REAL ESTATE DEV. COMPANY  
609 PENN AVENUE, 200 ROOSEVELT BLDG.  
PITTSBURGH PA 15222-3201



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY MAY 1, 2003

4. FEI Number 51-0378462

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

CHARLES A. LUBITZ, ESQUIRE  
C/O BOOSE CASEY  
515 N. FLAGLER DRIVE #1700  
WEST PALM BEACH FL 33401

Name

Street Address (P.O. Box Number is Not Acceptable)

700017898367  
05/02/03--01062--026 \*\*526.25

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions  
as Shown on record. \$2,500,000.00

10. Amount of Capital Contributions  
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

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 # 849042  
NAME DANIELS REAL ESTATE DEVELOPMENT COMPANY  
STREET ADDRESS 609 PENN AVE., 200 ROOSEVELT BUILDING  
CITY-ST-ZIP PITTSBURGH PA 15222-3201

STREET ADDRESS

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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/28/03

412-355-0780

Date

Daytime Phone #

CR2E003 (10/02)