

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B96000000484

1. Entity Name

CASA MARINA REALTY PARTNERSHIP, L.P.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 JUN -5 PM 1:33

Principal Place of Business  
C/O INTERSTATE HOTEL CORPORATION  
FOSTER PLAZA X. 680 ANDERSEN DRIVE  
PITTSBURGH PA 15220

Mailing Address  
C/O INTERSTATE HOTEL CORPORATION  
FOSTER PLAZA X. 680 ANDERSEN DRIVE  
PITTSBURGH PA 15220



2. Principal Place of Business  
1950 Stemmons Fwy

3. Mailing Address  
Same

Suite, Apt. #, etc.  
Suite 6001

Suite, Apt. #, etc.  
"

City & State  
Dallas Tx

City & State  
"

Zip  
75207

Country  
USA

Zip  
"

Country  
"

4. FEI Number  
23-2869420

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

## 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. \$30,999,999.00

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 # F96000006590  
NAME CASA MARINA REALTY CORPORATION  
STREET ADDRESS FOSTER PLAZA X. 680 ANDERSEN DRIVE  
CITY - ST - ZIP PITTSBURGH PA 15220

DOCUMENT #  
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CITY - ST - ZIP

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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]  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

6/1/00 214 863 1000  
Date Daytime Phone #

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CR2EJC3 (9/99)