

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B97000000444

1. Entity Name

SARASOTA HOTEL OWNERS L.P.

APPROVED
AND
FILED

10f2

02 JUL 11 AM 11:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

Mailing Address

3 WORLD FINANCIAL CENTER, 29TH FLOOR
NEW YORK NY 10285

101 HUDSON STREET
TAX DEPT., 39TH FLOOR
JERSEY CITY NJ 07302

2. Principal Place of Business

3. Mailing Address

745 7th Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

New York, N.Y.

Zip

Country

Zip

Country

10019

U.S.

DUE BY SEPTEMBER 25, 2002

4. FEI Number 75-2722452

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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

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

DATE

9. Capital Contributions
as Shown on record.

\$1,000,000.00

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

13. ADDRESS CHANGES ONLY

DOCUMENT # B97000000443
NAME SARASOTA HOTEL MANAGERS L.P.
STREET ADDRESS 1201 ELM STREET, SUITE 5400
CITY-ST-ZIP DALLAS TX 75270

STREET ADDRESS

CITY-ST-ZIP

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200005504632
05/13/02 01006 012
#526-25

CR2E003 (4/02)

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 REQUIRED

Deon K. Marson

Date

7/10/02

Daytime Phone #

(201) 524-5820

LEHMAN BROTHERS

20fz

July 10, 2002

State of Florida
Division of Corporations
Registration Section
409 E. Gaines Street
Tallahassee, FL 32399

CORPORATION NAME
Sarasota Hotel Owners L.P.

DOCUMENT#
B97000000444

FEE DUE
\$526.25

Dear Sir/Madam:

Return: Uniform Business Report

Period: 2002

Total Fee Due: \$526.25

Check Enclosed: Yes (X) No ()

*****As per our conversation with a representative of the state of Florida, the amount of \$526.25 was received and is on file. As a result, we are only sending a copy of the corrected Uniform Business Report. If you have any further problems please contact us at: (201)524-2447.**

Kindly acknowledge receipt by stamping and returning to the undersigned the enclosed copy of this letter.

Very truly yours,

Irwin Eisenberg
Irwin Eisenberg
Vice President

IE/vp
Enclosures