

# 2001 UNIFORM BUSINESS REPORT (UBR)

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<b>DOCUMENT #</b>	<b>B97000000499</b>
<b>1. Entity Name</b>	
<b>M &amp; J/HOTEL INVESTORS, L.P.</b>	

**FILED**

*ng*

<b>Principal Place of Business</b>	<b>Mailing Address</b>
<b>180 N. MICHIGAN AVENUE, SUITE 200 CHICAGO IL 60601</b>	<b>180 N. MICHIGAN AVENUE, SUITE 200 CHICAGO IL 60601</b>

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**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



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

DO NOT WRITE IN THIS SPACE

<b>4. FEI Number</b>	<b>36-4126987</b>	Applied For
		Not Applicable
<b>5. Certificate of Status Desired</b>		<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>

<b>6. Name and Address of Current Registered Agent</b>
<b>M &amp; J/HOTEL OPERATIONS-GP, INC.</b>
<b>4985 W IRLO BRONSON HIGHWAY</b>
<b>KISSIMMEE FL 34746</b>

<b>7. Name and Address of New Registered Agent</b>	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	Zip Code

<b>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.</b>	
<b>SIGNATURE</b>	<b>DATE</b>
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	

<b>9. Capital Contributions as Shown on record.</b>	<b>\$1,164,750.00</b>	<b>10. Amount of Capital Contributions in FLORIDA to date.</b>	<b>11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION</b>
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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.**

<b>12. GENERAL PARTNER INFORMATION</b>	
<b>DOCUMENT #</b>	<b>F97000004983</b>
<b>NAME</b>	<b>M &amp; J/HOTEL OPERATIONS-GP, INC.</b>
<b>STREET ADDRESS</b>	<b>180 N. MICHIGAN AVENUE, SUITE 200</b>
<b>CITY-ST-ZIP</b>	<b>CHICAGO IL 60601</b>
<b>DOCUMENT #</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>DOCUMENT #</b>	
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<b>CITY-ST-ZIP</b>	
<b>DOCUMENT #</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

<b>13. ADDRESS CHANGES ONLY</b>	
<b>STREET ADDRESS</b>	
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**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**

<b>SIGNATURE:</b>	<i>Mare R. Wilkow</i>	<b>Mare R. Wilkow</b>	<b>2/16/01</b>	<b>(312) 726-9622</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>		<small>Date</small>	<small>Daytime Phone #</small>	

CR2E003 (11/00)