2002 UNIFORM BUSINESS	REPORT	(UBR)
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DOCUMENT # B9700000579  CP MIAMI HOSPITALITY   P				. 4	FILED STATE 11 d/a	2
CP MIAN	/II HOSPITALITY, L.P.		1.	, -	SECRETARY OF STATE DIVISION OF CORPORATIONS	
Principal Plac	e of Business	Mailing Address			02 AUG -6 PM 12: 59	
3250 MARY STREET. SUITE 500 3250 MARY STREET. SUITE MIAMI FL 33133 MIAMI FL 33133		ITE 500				
Principal Place of Business     Address     Mailing Address			•		<b>!!!</b> !	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		DUE BY SEPTEMBER 25, 2002	
City & State		City & State	City & State		4. FEI Number 76-0546477 Applied F	
Zip	Country	Zip	Coun	try	5. Certificate of Status Desired   \$8.75 Additional Fee Required	
	6. Name and Address of Curren	nt Registered Agent	J -	Name	7. Name and Address of New Registered Agent	
C'T'CORF	PORATION SYSTEM		. بـ سردست		(20.0	
	ITH PINE ISLAND ROAD		<u>~</u>	Street Addres	s (P.O. Box Number is Not Acceptable)	
PLANTATION FL 33324				•		
				City	FL Zip Code	
	named entity submits this statement ions of registered agent.	for the purpose of changing i	ts registere	ed office or regis	tered agent, or both, in the State of Florida. I am familiar with, and ac	cept
SIGNATURE -	Signature, typed or printed name of registered ager	nt and title if applicable.			DATE	-
9. Capital Co as Shown		10. Amount of Cap in FLORIDA to		outions	11. MAKE CHECK PAYABLE TO DEPT. OF STAT SEE REVERSE SIDE FOR FEE INFORMATIO	
					STERED AND ACTIVE WITH THIS OFFICE. ent must be filed to change a general partner.	
12.	GENERAL PARTNE	R INFORMATION	13.	, an amenum	ADDRESS CHANGES ONLY	
DOCUMENT #	/ /		STRE	ET ADDRESS		(4/02)
NAME STREET ADDRESS CITY-ST-ZIP	CP MIAMI HOTEL MANAGERS, 1 3250 MARY STREET, SUITE 500 MIAMI FL 33133		CITY	-ST-ZiP		F003
DOCUMENT # NAME			STRE	ET ADDRESS	500006967696 -08/08/0201015002	-7
STREET ADDRESS CITY-ST-ZIP			CITY	ST-ZIP	*****510.15 *****526.2	25
DOCUMENT # NAME			STRE	ET ADDRESS		
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STREET ADDRESS CITY-ST-ZIP			CITY-	ST-ZIP		
DOCUMENT # N#ME			STRE	ET ADDRESS .	FF \$926, 25	
SUREET ADDRESS CITY-ST-ZIP			CITY-	ST-ZIP		
DOCKAJENT # NÁME			STREE	ET ADDRESS		
STREET ADDRESS CITY-ST-ZIP				ST-ZIP		
indicated	on this report is true and accurate and	d that my signature shall have	or the exer the same	nption stated in S legal effect as if	Section 119.07(3)(i), Florida Statutes. I further certify that the information made under oath; that I am a General Partner of the limited partnersh	on nip or

SIGNATURE: SIGNATURE OF PRINTED NAME OF SIGNATURE GENERAL PARTNER

7/8/02

305.445.4239