

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0019667  
MB

DOCUMENT # B97000000646

1. Entity Name  
COLLINS AVENUE HOTEL LIMITED PARTNERSHIP



FILED

03 MAY -5 PM 3:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
1755-D LYNNFIELD ROAD  
SUITE 142  
MEMPHIS TN 38119

Mailing Address  
1755-D LYNNFIELD ROAD  
SUITE 142  
MEMPHIS TN 38119



2. Principal Place of Business  
6701 Collins Avenue  
Suite, Apt. #, etc.

3. Mailing Address  
6701 Collins Avenue  
Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State  
Miami Beach FL  
Zip  
33141  
Country  
USA

City & State  
Miami Beach FL  
Zip  
33141  
Country  
USA

4. FEI Number 62-1719207

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

C T CORPORATION  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]*  
Signature, typed or printed name of registered agent and title if applicable.

04/30/03  
DATE

9. Capital Contributions as Shown on record. \$30,490,000.00

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

DOCUMENT # M97000000812  
NAME 67TH STREET ASSOCIATES, L.L.C.  
STREET ADDRESS 1755-D LYNNFIELD ROAD, SUITE 142  
CITY-ST-ZIP MEMPHIS TN 38119

13. ADDRESS CHANGES ONLY

STREET ADDRESS 6701 Collins Avenue  
CITY-ST-ZIP Miami Beach FL 33141

DOCUMENT #  
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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

04/30/03 (305) 805 8511

CR2E003 (10/02)

STAPLE CHECK HERE