

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 24, 2002 8:00 am**  
**Secretary of State**

01-24-2002 90355 007 \*\*\*\*55.00

**DOCUMENT # L00000001630**

1. Entity Name

**STUART HOTEL PARTNERS, L.L.C.**

Principal Place of Business

**1200 SE FEDERAL HWY  
 STUART FL 34994**

Mailing Address

**1200 SE FEDERAL HWY  
 STUART FL 34994**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0982071**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$5.00 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JONES, MATTHEW L ESQ.  
 759 SOUTH FEDERAL HIGHWAY, STE. 212  
 STUART FL 34994**

Name

Street Address (P.O. Box Number is Not Acceptable)

**1200 SE FEDERAL HWY.**

**18700 W. TEN MILE RD. SUITE 200**

City

**SOUTHFIELD STUART FL**

Zip Code

**34994**

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

*Esoffici, Manager Member*

**1.18.02**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Department of State  
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGRM** ☐ Delete  
 NAME **SOFFICI, EDUARDO JR.**  
 STREET ADDRESS **1200 SE FEDERAL HWY**  
 CITY-ST-ZIP **STUART FL 34994**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **MEM** ☐ Delete  
 NAME **ASMAR, RAN**  
 STREET ADDRESS **18700 W. TEN MILE RD S-200**  
 CITY-ST-ZIP **SOUTHFIELD MI 48075**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Delete  
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

*Esoffici Managing Member*

**1.18.02**

**561-287.6900**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CRZE083 (9/01)