

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 19, 2002 8:00 am**  
**Secretary of State**

02-19-2002 90031 027 \*\*\*\*\*55.00

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**DOCUMENT # L00000011061**

1. Entity Name

**WESTON RESIDENCE INN HOTEL INVESTORS, L.C.**

Principal Place of Business

551 N.W. 77TH ST., STE. 109  
 BOCA RATON FL 33487

Mailing Address

551 N.W. 77TH ST., STE. 109  
 BOCA RATON FL 33487

2. Principal Place of Business

7806 Charney Lane  
 Suite, Apt. #, etc.

3. Mailing Address

7806 Charney Lane  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
 Boca Raton, FL

Zip 33496 Country Palm Beach

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 Boca Raton, FL

Zip 33496 Country Palm Beach

4. FEI Number 65-1039935

Applied For  
 Not Applicable

5. Certificate of Status Desired

☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SUSI, SAMUEL  
 551 N.W. 77TH ST., STE. 109  
 BOCA RATON FL 33487

7. Name and Address of New Registered Agent

Name SUSI, Samuel  
 Street Address (P.O. Box Number is Not Acceptable)  
 7806 Charney Lane  
 City Boca Raton FL 33496

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/11/02

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS / MANAGERS

TITLE NAME MGRM  
 SUSI, SAMUEL  
 STREET ADDRESS 551 N.W. 77TH ST., STE. 109  
 CITY-ST-ZIP BOCA RATON FL 33487

10. ADDITIONS / CHANGES

TITLE NAME  
 STREET ADDRESS 7806 Charney Lane  
 CITY-ST-ZIP Boca Raton FL 33496  
☒ Change ☐ Addition

TITLE NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE NAME  
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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:

SIGNATURE REQUIRED

2/4/02 5613997-2700

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

Date

Daytime Phone #

CR2E083 (9/01)