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DOCUMENT # L00000011063						
1. Entity Name WESTON TOWN PLACE SUITES INVESTORS, L.C.						
Principal Place of Business 7806 CHARNEY LANE BOCA RATON FL 33496			Mailing Address 7806 CHARNEY LANE BOCA RATON FL 33496			
2. Principal Place of Business			3. Mailing Address			
Suite, Apt. #, etc.			Suite, Apt. #, etc.			
City & State			City & State			
Zip		Country	Zip		Country	
6. Name and Address of Current Registered Agent -						
SUSI, SAMUEL 7806 CHARNEY LANE BOCA RATON FL 33496					Name _____	
					Street Address _____	

					City _____	
8. The above named entity submits this statement for the purpose of changing its registered office or registering the obligations of registered agent.						
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required)						
					FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of Banking Regulation Due By May 1, 2003	
9. MANAGING MEMBERS / MANAGERS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SUSI, SAMUEL 7806 CHARNEY LANE BOCA RATON FL 33496	<input type="checkbox"/> Delete	10.			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE 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:  **SIGNATURE REQUIRED**

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

1/31/03

561-483-2030

CR2E083 (10/02)