### LIMITED LIABILITY COMPANY **UNIFORM BUSINESS REPORT (UBR)**

May 15, 2002 8:00 am Secretary of State DOCUMENT # L01000003307 05-15-2002 90136 027 \*\*\*\*50.00 1. Entity Name WHITECAPS HOTEL PARTNERS, L.L.C. DO NOT WRITE IN THIS SPACE 961773 2. Principal Place of Business 3. Mailing Address 11925 Collier Blvd. 11925 Collier Blvd. Suite, Apt. #, etc. Suite 101 Suite, Apt. #, etc.
Suite 101 DO NOT WRITE IN THIS SPACE City & State Naples, City & State Naples, FL 4. FEI Number Applied For 59-3709519 Not Applicable Country Country \$5.00 Additional 5. Certificate of Status Desired 34116-6543 34116-6543 USA USA 7. Name and Address of Current Registered Agent Name AMES C. STEWART, JR. DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) 11925 Collier Blvd. IN THIS SPACE Suite 101 CityGolden Gate FL 3194Gpge6 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. FEE IS \$50.00 Make Check Payable to Department of State DUE BY MAY! MANAGING MEMBERS/MANAGERS Managing Member TITLE TITLE CR2E083B (12/01 JOHN E. AYRES, JR. NAME STREET ADDRESS 1400 Gulf Shore Blvd. N. #20 ) street address CITY - ST - ZIP Naples, FL 34102 CITY+ST-7IP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY+ST-7IP CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS 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 expowered to execute this report as required by Chapter 608, Florida Statutes.

MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE:

JOHN E, AYRES, JR.

4/29/02

941-430-06d0

Daytime Phone #

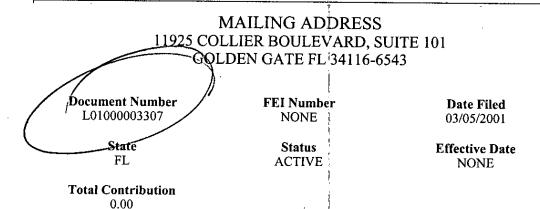
FILED



# Florida Limited Liability

#### WHITECAPS HOTEL PARTNERS, L.L.C.

#### PRINCIPAL ADDRESS 11925 COLLIER BOULEVARD, SUITE 101 GOLDEN GATE FL 34116-6543



## Registered Agent

#### Name & Address

STEWART, JAMES C JR. 11925 COLLIER BOULEVARD, SUITE 101 GOLDEN GATE FL 34116-6543

## Manager/Member Detail

Name & Address	Title
NONE ,	

## **Annual Reports**

Report Year	Filed Date	Intangible Tax