
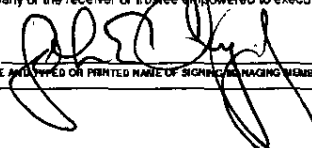


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**2003 LIMITED LIABILITY COMPANY
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L01000003307			30067170	
1. Entity Name WHITECAPS HOTEL PARTNERS, L.L.C.				
Principal Place of Business 11925 COLLIER BOULEVARD, SUITE 101 GOLDEN GATE, FL 34116-6543		Mailing Address 11925 COLLIER BOULEVARD, SUITE 101 GOLDEN GATE, FL 34116-6543		
2. Principal Place of Business 9180 Galleria Court Suite, Apt. #, etc. 1000 City & State Naples, FL Zip 34109 Country USA		3. Mailing Address 9180 Galleria Court Suite, Apt. #, etc. 1000 City & State Naples, FL Zip 34109 Country USA		
4. FEI Number 59-3709519		Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent STEWART, JAMES C JR. 11925 COLLIER BOULEVARD, SUITE 101 GOLDEN GATE, FL 34116-6543		7. Name and Address of New Registered Agent Name Stewart, James C Jr. Street Address (P.O. Box Number is Not Acceptable) 9180 Galleria Court Suite 700 City Naples FL Zip Code 34109		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____				
FILE NOW WITH FEE OF \$300 Make Payment Payable to Florida Department of State Due Date: _____				
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM AYRES, JOHN E JR 1400 GULF SHORE BLVD N, #200 NAPLES, FL 34102 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager Ayres, John E. Jr. 9180 Galleria Court Suite 600 Naples, FL 34109 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 included 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 90B, Florida Statutes.				
SIGNATURE: 		John E. Ayres 4/25/03 239-449-1800		

CFR2003 (10/02)