

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


2/2

FILED
Mar 12, 2003 8:00 am
Secretary of State

02-24-2003 90053 043 ****50.00

DOCUMENT # L02000000789

1. Entity Name
WHITECAPS HOTEL PARTNERS II, L.L.C.



Principal Place of Business
**1400 GULF SHORE BLVD. NORTH, SUITE 200
NAPLES FL 34102**

Mailing Address
**1400 GULF SHORE BLVD. NORTH, SUITE 200
NAPLES FL 34102**

2. Principal Place of Business
9180 Galleria Court

3. Mailing Address
9180 Galleria Court

Suite, Apt. #, etc.
Ste 600

Suite, Apt. #, etc.
Ste. 600

City & State
Naples, FL

City & State
Naples, FL

Zip
34109

Country
USA

Zip
34109

Country
USA

4. FEI Number
26-0007215

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00 Additional Fee Required**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
**AYRES, JOHN E JR.
1400 GULF SHORE BLVD. NORTH, SUITE 200
NAPLES FL 34102**

7. Name and Address of New Registered Agent

Name
Ayres John E Jr

Street Address (P.O. Box Number is Not Acceptable)
9180 Galleria Court

Suite 600

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  DATE **1/9/03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete


10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**Managing Member
John E. Ayres Jr.
9180 Galleria Court Suite 600
Naples, FL 34109**

CR2E083 (10/02)

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

Date **1/9/03** Daytime Phone # **239-449-1800**

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