2000 UNIFORM BUSINESS REPORT (UBR)

| DOCUMENT # L9700000786 1. Entity Name CLEVELAND AVENUE HOTEL, L.C. | | | | | | FILED SECRETARY OF STATE DIVISION OF CORPORATIONS | | | | |
|---|---|--|---|--|--|--|----------------------------------|----------------------|------------------------|--|
| | | | | | | | | | | |
| Principal Place of Business Mailing Address | | | | | | OO FEB | -7 AMI | 11.60 | , | |
| 140 S. DEARB CHICAGO IL 6 | ORN ST. SUITE 1400 50603 | 140 S. DEARBORN ST. SUITE 1400 CHICAGO IL 60603-5208 | | | | | | | | |
| | | | | | | | EARL FRANCES | | | |
| 2. Principal Place of Business 3. Mailing Address | | | | | , | | | | | |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | Suite, Apt. #, etc. | | | DO NOT WRITE IN THIS SPACE | | | | |
| City & State City & State | | | | 4. FEI Number Applied For | | | | nlied For | | |
| | | | | | 1, (0,) | 36-4172357 | | No | t Applicable | |
| Zip | Country | Zip | Соил | itry | 5. Cert | ificate of Status Desired | | .00 Add Required | | |
| | 6. Name and Address of Curren | | 7. Name and Address of New Registered Agent | | | | | | | |
| OT COPPONATION OVETEN | | | | Name | | | | | | |
| CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | | |
| PLANTATION FL 33324 | | | | | | | | | | |
| | | | | City FL Zip Cod | | | | Zip Code | a | |
| 8. The above named entity submits this statement for the purpose of changing its registered | | | | | stered agent, | or both, in the State of Flori | da. | | | |
| | | • | | | | | | | | |
| SIGNATURE . | Signature, typed or printed name of registered ager | at and title if applicable. (NO | TE: Registere | d Agent signature requ | ured when reinstat | ing) | DATE | | | |
| | • | Ell E k | IOWIII I | FEE IS \$50.0 | n | | | | | |
| | | Make Check P | | | | | | | | |
| | MANAOINO MEN | DEDC (MEMBERS | 10. | | | ADDITIONS/0 | CHANGES | | | |
| 9. TITLE | MANAGING MEMI | Delete | TITL | E | | ADDITIONS/C | | Change | Addition | |
| MAME | GLUTH, ROBERT C | | MAM | - | | | | | | |
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| CITY-ST-ZIP | | | | -ST-ZIP | | THE . | | | | |
| TITLE | | ☐ Delete | TITL | | | | | Change | Addition | |
| NAME STREET AUDRESS | ' | | NAM Stre | E ET ADDRESS | | | | | | |
| CITY- ST-ZIP | | | | - 8T- ZIP | | | | | | |
| 11. I hereby of indicated limited lia | certify that the information supplied wi on this report is true and accurate an bility company or the receiver or trust | th this filing does not qualify for d that fuy signature shall have see emplowered to execute this | or the exe e the same s report as | mption stated in a legal rijtect as s required by Ch | Section 119. if made unde apter 608, Flo | 07(3)(i), Florida Statutes. I f er oath; that I am a managir orida Statutes. | urther certify t ng member or | hat the in manage | nformation r of the | |
| | sig/// | | | \Box | | JANUARY 17, | 2000 317 | 2/8 45- ! | 5314 | |
| SIGNAT | SIGNATURE AND TYPED OR PR | RINTED NAME OF SIGNING MANAGING | G MEMBER C | DR MANAGER RO | BERT C. (| LUTH, Date | Daytim | e Phone # | | |

MANAGER