

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2002 8:00 am
Secretary of State

01-23-2002 90054 009 ****55.00

DOCUMENT # L98000001198

1. Entity Name

PARK SQUARE HOTELS, L.L.C.

Principal Place of Business

**5401 KIRKMAN ROAD, SUITE 525
 ORLANDO FL 32819**

Mailing Address

**5401 KIRKMAN ROAD, SUITE 525
 ORLANDO FL 32819**

2. Principal Place of Business

5200 Vineland Rd

3. Mailing Address

5200 Vineland Rd

Suite, Apt. #, etc.

Suite 200

Suite, Apt. #, etc.

Suite 200

City & State

Orlando FL

City & State

Orlando FL

4. FEI Number

59-3523707

Applied For

Not Applicable

5. Certificate of Status Desired



**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**GUPTA, SURESH K
 5401 KIRKMAN ROAD, SUITE 525
 ORLANDO FL 32819**

7. Name and Address of New Registered Agent

Name

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

**5200 Vineland Rd
 Suite 200**

City **Orlando**

FL

Zip Code **32811**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00
 Make Check Payable to Department of State
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
 NAME **GUPTA, SURESH K**
 STREET ADDRESS **5401 KIRKMAN ROAD, SUITE 525**
 CITY-ST-ZIP **ORLANDO FL 32819**

TITLE **MGR** ☐ Delete
 NAME **AGGARWAL, BRAHAM R**
 STREET ADDRESS **5401 KIRKMAN ROAD, SUITE 525**
 CITY-ST-ZIP **ORLANDO FL 32819**

TITLE **MGR** ☐ Delete
 NAME **DESHPANDE, ANIL**
 STREET ADDRESS **5401 KIRKMAN ROAD, SUITE 525**
 CITY-ST-ZIP **ORLANDO FL 32819**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **5200 Vineland Rd, Suite 200**
 CITY-ST-ZIP **Orlando FL 32811**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **5200 Vineland Rd, Suite 200**
 CITY-ST-ZIP **Orlando FL 32811**

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TITLE ☐ Change ☐ Addition
 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]

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

Date

Daytime Phone #

1.4.02

CR2E083 (9/01)