2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: SIGNATURE AND TYPEU OR PRINTED NA

2001	UNIFO	RM BUSI	INES	S REPO	RT	์ (บ	BR)	n nangun Kalung/St	e compression de la constante	e siri di pere Perendan	भारति सु स्थानी	take P		
	MENT#	L9900]		FILE)		•	
1. Entity Name CAMPUS SUITES SERVICES, L.L.C.								0	I MAY	1-7 P	м 3:	0		
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Principal Place	e of Business		Mailin	g Address				TĂ	<u>LL</u> AH	ASSEE	. FLU	RIUA		
14 E. WASHIN ORLANDO FL	OX 3628 INDO FL 32802						18 18118 18111 1	LO181 18 811 1	1 1111 00 111 1		I biat : a ii i bi			
2. Principal Place of Business 3.				ing Address										
Suite, Apt. #, etc.				Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPAC				SPACE		
City & State	ė	City	& State				4. FEI Number 59-3610518			⊢	Applied For			
Zip Country			Zip	Cou	5. Certificate of Status Desire			ired		\$5.00 Ac	ditional			
6. Name and Address of Current Registered Agent								7. Name	and Ac	idress of N	lew Reg	<u>'</u>		
I ANG TH	IOMAS E					Na						1		
LANG, THOMAS F 14 E. WASHINGTON ST., SUITE 600						Stre	eet Address (P.O. Box N	lumber is	Not Acce	otable)	ł 1		
ORLANDO FL 32801				· ·										
r ia						Cit	у			·		FL	Zip Co	de
8. The above	named entity sub	mits this statement for	r the purp	ose of changing it	s registe	ered offi	ce or register	red agent,	or both, i	in the State	of Florid	a.		
SIGNATURE								-				· !		
· · · · · · · · · · · · · · · · · · ·	Signature, typed or prin	ted name of registered agent a	and title if app	licable. (NO	TE: Registe	red Agent	signature required	d when reinstati	ng)			DATE		
FILE N Make Check P							IS \$50.00 partment o	of State				!		
9. MANAGING MEMBERS/MEMBERS).				ADDIT	IONS/CI	HANGES		
NAME STREET ADDRESS CITY-ST-ZIP		RICHARD 1 4 E WA REET, SUITE 600	AS	☐ Delete	NA ST	TLE AME REET ADDI TY-ST-ZIF						1	☐ Change	Addition
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NAME STREET ADDRESS CITY-ST-ZIP	. •				ST	AME Reet addi Ty-St-Zip			41		04 3	。 376 91	3084 01100-	48 -010 **58***
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	certify that the info on this report is to	rmation supplied with ue and accurate and	this filing that my si	does not qualify for gnature shall have				ection 119,0	07(3)(i), I r oath; th	Florida Stat	tutes. I fu nanaging	rther cer	tify that the	information ger of the

IG MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

5/1/01 407 St 0 0900

Date Destine Phone #