

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 06, 2002 8:00 am**  
**Secretary of State**

05-06-2002 90125 029 \*\*\*\*50.00

**DOCUMENT # L99000009134**

1. Entity Name  
**CHI-TSAI HOTEL, LLC**

Principal Place of Business      Mailing Address  
**3300 W. COLONIAL DRIVE**      **3300 W. COLONIAL DRIVE**  
**ORLANDO FL 32808**      **ORLANDO FL 32808**

2. Principal Place of Business      3. Mailing Address  
**3300 W. Colonial Dr**      **Same**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**ORLAND, FL 32808**  
 City & State      City & State  
**32808 USA**  
 Zip      Country      Zip      Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3626994**      Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent      7. Name and Address of New Registered Agent

**CHEN, CHENG-CHI**  
**3300 W. COLONIAL DRIVE**  
**ORLANDO FL 32808**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      Zip Code

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]*      DATE

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 Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>CHEN, CHENG-CHI</b> <b>3300 W. COLONIAL DRIVE</b> <b>ORLANDO FL 32808</b> <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	<b>MGRM</b> <b>CHEN, PI-TSAI</b> <b>3300 W. COLONIAL DRIVE</b> <b>ORLANDO FL 32808</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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]*      Date: **4-22-2002**      Daytime Phone #: **407-293-1201**

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

0503096

CR2E083 (9/01)