

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


FILED

03 APR 28 AM 8:29

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # M02000001478

1. Entity Name
CY-SAN FRANCISCO GP, LLC



Principal Place of Business
450 SOUTH ORANGE AVENUE
ORLANDO, FL 32801

Mailing Address
450 SOUTH ORANGE AVENUE
ORLANDO, FL 32801

2. Principal Place of Business

3. Mailing Address
P.O. Box 4920

Suite, Apt. #, etc.

City & State
Orlando, FL

City & State
Orlando, FL

Zip
32802

Country



4/28 CHECK HERE IF MAKING CHANGES

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

4. FEI Number
02-0610489

Applied For
 Not Applicable

6. Name and Address of Current Registered Agent
**SCARELLI, LINDA A
450 SOUTH ORANGE AVENUE
ORLANDO, FL 32801**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS / MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CY-SF HOTEL PARENT, LP 450 SOUTH ORANGE AVENUE ORLANDO, FL 32801	<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 type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 60B, Florida Statutes.

SIGNATURE:  **4-9-03** **407-650-1000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE One Daytime Phone #

CR2E083 (10/02)