2000 UNIFORM BUSINESS REPORT (UBR)

	UNIFORM BUS		RT	(UBR)]	APPROVED AND FILED				0015003
DOCUMENT # M9600000042 1. Entity Name						• • •				
PRUDAVIDSON TAMPA, L.L.C.					0	OMAY - I AMII	: 59			2
	· .					ECRETARY OF ST LLAHASSEE, FL	TATE			
Principal Place of Business C/O DAVIDSON HOTEL COMPANY C/O DAVIDSON HOTEL COMPANY 1755-D LYNNFIELD ROAD. SUITE 142 MEMPHIS TN 38119 MEMPHIS TN 38119 MEMPHIS TN 38119-7244			d. Suite			LLAHASSEE, FE				
2. Principal P	lace of Business	3. Mailing Address				1 10\$14\$11 FIG 10110 BILLI BOLL BOUL	68 () 68)	9 4 111 98 111 40 111	DJ818 (48 1 1981	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State	9	City & State			4. FEIN	Number 59-3349667		<u> </u>	oplied For	7
Zip	Country	Zip	Coun	ntry	5. Cert	ificate of Status Desired		\$5.00 Add	ditional	1
	6. Name and Address of Currer	nt Registered Agent	<u> </u>	F	7. Nam	e and Address of New Re	aistered			-
-				Name		a transcription to		:	-	1
C T CORPORATION SYSTEM				Street Addre	ss (P.O. Box N	lumber is Not Acceptable)			10.	
1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324										
PLANTATION PE 35024				City			FL	Zip Cod	e	┤`
R The above	named entity submits this statement	for the purpose of changing its	s register	ed office or real	stered agent.	or both, in the State of Flor		-		1
o. The above	named emity submits this statement	to the purpose of changing in	a ragiotori	ou omoo or rog.						
SIGNATURE .	Signature, typed or printed name of registered age	ot and title if applicable (NO	TF: Registere	d Agent signature req	uired when reinstal	ina)	DATE			
	Signature, typed or printed harrie or registered ager							<u>-</u>		1
		FILE N Make Check Pa		FEE IS \$50.0 o Departmen						
9.	MANAGING MEM	BERS/MEMBERS	10.	<u> </u>		ADDITIONS/	CHANGES	3		1_
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PRUDENTIAL INSURANCE CO. C/O 8 CAMPUS DRIVE ARBOR PARSIPPANY NJ 07054			1				☐ Change	Addition	CR2E083 (9/99)
TITLE	MGRM	☐ Delete	TITL					Change	Addition	3
NAME Street addréss	HILL, WILTON D C/O 1755-D LYNNFIELD ROAD,	, SUITE 142		EET ADDRESS						
CITY- ST-ZIP	MEMPHIS TN 38119		CITY	- ST-ZIP						-
TITLE NAME** -*	معاضات مسيها راد	Celeto	TITL	IE .		المان المستور المان المان ويتمان ويتمان ويتمان ويتمان ويتمان ويتمان المان ال		Change	Addition	
STREET ADDRESS				EET ADDRESS ST-ZIP		1000032 -05/23/(!⊃ ⁴} ! }∩∩1	J 5 I —		
CITY- ST- ZIP TITLE		☐ Qelete	TITL			******5[.00	* Change	Addition	1
NAME	•		RAM	į.						
STREET ADDRESS CITY: 81-21P				EET ADDRESS ST-ZIP						
TITLE	1	. Detets	TITL	E			-	Change	Addition	
HIK"			NAM	ľ						1
STREE: ADDRESS CITY-ST-ZIP		•		EET ADDRESS ST-ZIP						}
TITLE		☐ Defete	TITL				-	☐ Change	Addition	1
NAME			NAM							
STREET ADDRÉSS CITY-ST-ZIP				EET ADDRESK '- 8t- zip						
indicated	certify that the information supplied with on this report is true and accurate an	nd that my signature shall have	the same	e legal effect as	: if made unde	r oath: that I am a managi	further ce ng memb	rtify that the i er or manage	nformation er of the	
STREET ADDRESS CITY-ST-ZIP 11. I hereby condicated	certify that the information supplied wi on this report is true and accurate an bility company or the receiver or trust	ith this filing does not qualify fo	STRUCTTY or the executive same	EET ADDRESS -ST-ZIP emption stated in	: if made unde	r oath: that I am a managi	further ce ng memb	rtify that the i	nformation	

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

901/761-4664

Date

Daytime Phone #