

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M97000000555

1. Entity Name

SARASOTA PRIME HOTELS, LC

APPROVED
AND
FILED

00 MAR 30 PM 1:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

mf 4/10



DO NOT WRITE IN THIS SPACE

Principal Place of Business

LEND LEASE REAL ESTATE INVESTMENTS, INC.
3424 PEACHTREE ROAD, N.E., SUITE 800
ATLANTA GA 30326

Mailing Address

LEND LEASE REAL ESTATE INVESTMENTS, INC.
3424 PEACHTREE ROAD, N.E., SUITE 800
ATLANTA GA 30326-2838

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

58-2337018

Applied For

Not Applicable

Zip

Country

Zip

Country

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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, 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

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE MGR ☐ Delete
NAME CROWELL, VINCENT L
STREET ADDRESS 3424 PEACHTREE ROAD, N.E., SUITE 800
CITY-ST-ZIP ATLANTA GA 30326

TITLE MGR ☒ Delete
NAME MCKEAN, THOMAS A
STREET ADDRESS 3424 PEACHTREE ROAD, N.E., SUITE 800
CITY-ST-ZIP ATLANTA GA 30326

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

Member ☐ Change ☒ Addition
NAME Equitable Life Assurance Society of the
STREET ADDRESS United States
CITY-ST-ZIP c/o 3424 Peachtree Rd., NE, Suite 800
Atlanta, GA 30326

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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.

By:Lend Lease Real Estate Investments, Inc.

SIGNATURE

Thomas A. McKean
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Thomas A. McKean

3/1/00

Date

404-848-8600

Daytime Phone #

0016741 AF

CR2E083 (9/99)