

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M99000000044

1. Entity Name
SOUTHEAST HOTEL PARTNERS II, LLC

FILED

01 FEB -6 AM 8:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
5178 WHEELIS DRIVE, SUITE 5
MEMPHIS TN 38117

Mailing Address
5178 WHEELIS DRIVE, SUITE 5
MEMPHIS TN 38117

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 62-1765161

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

WRIGHT, MICHAEL E
201 E. PINE STREET, SUITE 1200
ORLANDO FL 32801

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
NAME BALTON, STEPHEN M
STREET ADDRESS 5178 WHEELIS DRIVE, SUITE 5
CITY-ST-ZIP MEMPHIS TN 38117 ☐ Delete

TITLE
NAME 000003705250-3
STREET ADDRESS -02/15/01--01014--004
CITY-ST-ZIP *****50.00 *****50.00 ☐ Change ☐ Addition

TITLE MEM
NAME JACKSON, TIM
STREET ADDRESS 2274 DOGWOOD GLENN COVE
CITY-ST-ZIP GERMANTOWN TN 38139 ☐ Delete

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

TITLE
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CITY-ST-ZIP ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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 REQUIRED

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

1-16-00 901-261-3171

Date

Daytime Phone #

CR2E083 (11/00)

0028907 AF