




File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

| | | | | | |
|--|---------------------------|---|--|--|--|
| LIMITED LIABILITY COMPANY ANNUAL REPORT 1999 | |  | | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS | |
| FILING FEE \$ 188.75 | | Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE | | | |
| 1. Name and Mailing Address of Limited Liability Company | | DOCUMENT # L9600000861 | | | |
| CHIPPENDALES PROPERTIES, L.C. 7380 SAND LAKE RD SUITE 350 ORLANDO FL 32819 | | 1a. Principal Place of Business Address 7380 SAND LAKE RD SUITE 350 ORLANDO FL 32819 | | | |
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Organized or Qualified | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 08/09/1996 | |
| City & State | | City & State | | 3a. State of Formation | |
| Zip | | Zip | | FL | |
| Country | | Country | | 4. FEI Number | |
| | | | | 59-3407714 | |
| | | | | <input type="checkbox"/> Applied For | |
| | | | | <input type="checkbox"/> Not Applicable | |
| | | | | 5. Date of Last Report | |
| | | | | 05/01/1998 | |
| | | | | 6. Certificate of Status Desired | |
| | | | | \$8.75 Additional Fee Required <input checked="" type="checkbox"/> | |
| 7. Name and Address of Current Registered Agent | | | 8. Name and Address of New Registered Agent/Office | | |
| BRINGLE, WILLIAM R III, PA 7380 SAND LAKE RD SUITE 350 ORLANDO FL 32819 | | | Name | | |
| | | | Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | Suite, Apt. #, etc. | | |
| | | | City | | |
| | | | Zip Code | | |
| | | | FL | | |
| 9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations. | | | | | |
| SIGNATURE | | | | DATE | |
| <small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| 10. Title | Managing Members/Managers | Business Street Address | | City, State and Zip Code | |
| MEM | CHIPPENDALES U.S.A., I | 7380 SAND LAKE RD SUITE 350 | | ORLANDO FL | |
| MEM | CHIPPENDALES HOLDINGS, | 7380 SAND LAKE RD SUITE 350 | | ORLANDO FL | |
|  | | | | | |
| 11 I do 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 annual 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, and that my name appears in Block 10, or on an attachment with an address. | | | | | |
| SIGNATURE:  | | | | 4-26-99 (407) 351-0011 | |
| <small>SIGNATURE AND TYPE (OR PRINT) OF PRINTING MANAGING MEMBER OR MANAGER</small> | | | | | |

FILED
30 MAY -3 PM 5:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA