

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 APR -5 PM 1:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA




DO NOT WRITE IN THIS SPACE

DOCUMENT # L99000003110
1. Entity Name
 4470 ENTERPRISES, LLC

Principal Place of Business **Mailing Address**
 4470 35TH STREET 4470 35TH STREET
 ORLANDO FL 32811 ORLANDO FL 32811-6504

2. Principal Place of Business **3. Mailing Address**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State

4. FEI Number **Applied For**
 59-3585363 Not Applicable
5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent
 LANIGAN, ERIC A
 174 W. COMSTOCK AVE., STE. 105
 WINTER PARK FL 32789

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS		<input type="checkbox"/> Delete
TITLE NAME MGRM STREET ADDRESS PALM HOTEL DEVELOPMENT, INC. CITY-ST-ZIP 4470 35TH STREET ORLANDO FL 32811		<input type="checkbox"/>
TITLE NAME		<input type="checkbox"/> Delete
TITLE NAME		<input type="checkbox"/> Delete
TITLE NAME		<input type="checkbox"/> Delete
TITLE NAME		<input type="checkbox"/> Delete
TITLE NAME		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME	900003219463-9	<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME	-04/24/00--01016--012	<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME	*****50.00 *****50.00	<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME		<input type="checkbox"/>	<input type="checkbox"/>

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:  **3/29/00** **(407) 649-3131**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

7 198 988 574

CR2E083 (9/99)