


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

FILED

99 APR 30 AM 10:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| | | |
|----------------------------------------------------|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| 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 # M97000000176 IMPAC HOTEL MANAGEMENT, L.L.C. 3399 PEACHTREE ROAD, N.E., SUITE 1220 ATLANTA GA 30326 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

| |
|---------------------------------------------------------------------------------------------|
| 1a. Principal Place of Business Address 3399 PEACHTREE ROAD, N.E., S ATLANTA GA 30326 |
|---------------------------------------------------------------------------------------------|

| | | | |
|-----------------------------------------------------------------------------|-------------------------------------------------------------------|----------------------------------------------|---------------------------------------------------------------------------------------------|
| 2 Principal Place of Business Suite, Apt. #, etc. City & State Zip | 2a. Mailing Address Suite, Apt. #, etc. City & State Zip | 3. Date Organized or Qualified 04/10/1997 | 3a. State of Formation GA |
| | | 4. FET Number 58-2294245 | <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable |
| | | 5. Date of Last Report 04/17/1998 | 6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/> |

| |
|----------------------------------------------------------------------------------------------------------------------|
| 7. Name and Address of Current Registered Agent NRAI SERVICES, INC. 526 E. PARK AVENUE TALLAHASSEE FL 32301 |
|----------------------------------------------------------------------------------------------------------------------|

| |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|

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 _____
(The Registered Agent Accepting Appointment) (The Registered Agent Signature Required for Extension of Term)

| 10. Title | Managing Members/Managers | Business Street Address | City, State and Zip Code |
|-----------|---------------------------|----------------------------|--------------------------|
| MGRM | IMPAC SPE #4, INC. | 3445 PEACHTREE ROAD, N.E., | ATLANTA GA |

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:  Robert Cole 4/20/99 121/204-910