

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 MAY -6 PM 2:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

DOCUMENT # M98000000220 ³⁰⁵

1. Entity Name
SC ORLANDO, L.L.C.

Principal Place of Business DEPT. 924.13, 10400 FERNWOOD ROAD BETHESDA MD 20817	Mailing Address DEPT. 924.13, 10400 FERNWOOD ROAD BETHESDA MD 20817
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2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country

4. FEI Number 52-2086953	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
TALLAHASSEE FL 32301

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** _____

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

9. MANAGING MEMBERS/MEMBERS

TITLE MBR	<input type="checkbox"/> Delete
NAME MARRIOTT INTERNATIONAL, INC.	
STREET ADDRESS 10400 FERNWOOD ROAD	
CITY-ST-ZIP BETHESDA MD 20817	
TITLE MGR	<input type="checkbox"/> Delete
NAME NANCY L. BENZ	
STREET ADDRESS 10400 FERNWOOD ROAD	
CITY-ST-ZIP BETHESDA, MD. 20187	
TITLE MGR	<input type="checkbox"/> Delete
NAME JOHN T. CASSELLA	
STREET ADDRESS 10400 FERNWOOD ROAD	
CITY-ST-ZIP BETHESDA, MD. 20187	

10. ADDITIONS/CHANGES

<input type="checkbox"/> Change <input type="checkbox"/> Addition
300003279319--3 -06/07/00--01014--009 *****50.00

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: *Nancy L. Benz* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER** **NANCY L. BENZ** **4/2/00** **(301) 380-8742**

Date Daytime Phone #

CR21:063 (3/99)