

AMENDED

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M98000000220

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

FILED

01 JUL 31 AM 8:47

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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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

DO NOT WRITE IN THIS SPACE

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, FLORIDA 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
100004524251
-08/08/01--01051--007
*****50.00 *****50.00

9. MANAGING MEMBERS / MEMBERS	
TITLE NAME MBR MARRIOTT INTERNATIONAL, INC. STREET ADDRESS 10400 FERNWOOD ROAD CITY-ST-ZIP BETHESDA, MD. 20817	<input checked="" type="checkbox"/> Delete
TITLE NAME MGR BENZ, NANCY STREET ADDRESS 10400 FERNWOOD ROAD CITY-ST-ZIP BETHESDA, MD. 20817	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME MBR MARRIOTT DISTRIBUTION SERVICES, INC. STREET ADDRESS 10400 FERNWOOD ROAD CITY-ST-ZIP BETHESDA, MD. 20817	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME A. SEC. FOR MANAGING MEMBER BENZ, NANCY STREET ADDRESS 10400 FERNWOOD ROAD CITY-ST-ZIP BETHESDA, MD. 20817	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Nancy L. Benz NANCY L. BENZ 7/26/01 (301) 380-8742
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)