

2001-UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M98000000442

1. Entity Name
SWH HOTEL, LLC

Principal Place of Business
2300 PEACHFORD ROAD, SUITE 2250 BLDG. 2
ATLANTA GA 30338

Mailing Address
2300 PEACHFORD ROAD, SUITE 2250 BLDG. 2
ATLANTA GA 30338

FILED

01 MAY -7 PM 3:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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 58-2390362

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

100004375091--7
-06/07/01--01020--014
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME HYDE, J R III
STREET ADDRESS 6075 POPLAR AVENUE, SUITE 335
CITY-ST-ZIP MEMPHIS TN 38119

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGRM ☐ Delete
NAME PONTIUS, JOHN H
STREET ADDRESS 6075 POPLAR AVENUE, SUITE 335
CITY-ST-ZIP MEMPHIS TN 38119

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGRM ☐ Delete
NAME SCHAEDEL WORTHINGTON HYDE PROPERTIES, LP
STREET ADDRESS 2300 PEACHFORD RD., SUITE 2250, BLDG. 2
CITY-ST-ZIP ATLANTA GA 30338

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGR M & Asst. Sec. ☐ Delete
NAME Sights, Wilson
STREET ADDRESS 6075 Poplar Ave., Ste. 335
CITY-ST-ZIP Memphis, TN 38119

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

WILSON SIGHTS REQUIRED

4/24/01

770-455-9938

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #