

2000 UNIFORM BUSINESS REPORT (UBR)

411
 APPROVED
 AND
 FILED
 00 MAY -9 AM 11:30
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # M98000001001

1. Entity Name
 LLB F-INN, L.L.C.

Principal Place of Business
 10400 FERNWOOD ROAD
 #521
 BETHESDA MD 20817

Mailing Address
 10400 FERNWOOD ROAD
 #521
 BETHESDA MD 20817-1109



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip

3. Mailing Address
 10400 FERNWOOD ROAD
 Suite, Apt. #, etc.
 DEPT. 924.13
 City & State
 BETHESDA, MD
 Zip
 29817

Country
 MONTGOMERY

4. FEI Number
 52-2121918

Applied For
 Applied For
 Not Applicable

5. Certificate of Status Desired \$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 _____
 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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
MGRM	MARRIOTT INTERNATIONAL, INC.	10400 FERNWOOD ROAD	BETHESDA MD 20817	<input type="checkbox"/>
MGRM	PULSE JR, M. LESTER	10400 FERNWOOD ROAD	BETHESDA MD 20817	<input type="checkbox"/>
MGRM	NANCY L. BENZ	10400 FERNWOOD ROAD	BETHESDA, MD. 20187	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		5000032784		<input type="checkbox"/>	<input type="checkbox"/>
		-05/05/00-01077-016		<input type="checkbox"/>	<input type="checkbox"/>
		*****50.00 *****50.00		<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<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: Nancy L. Benz SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date: 4/12/00

Daytime Phone #: (301) 380-8742

CR2E083 (9/99)