AMENDED

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000000791

1. Entity Name

MARCO HOTEL ASSOCIATES, LLC

FILED

01 JUN 22 AM 11:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
30900 TELEGRAPH RD BINGHAM FARMS MI 48025	309000 TELEGRAPH RD BINGHAM FARMS MI 48025

2. Principal Place of Business	3. Mailing Address
114 WEST SECOND ST Suite, Apt. #, etc.	114 WEST SECOND ST Suite, Apt. #, etc.
City & State: SANFORD FL	City & State: SANFORD FL
Zip: 32771 Country: US	Zip: 32771 Country: US

DO NOT WRITE IN THIS SPACE

4. FEI Number: 58-2522318 ☐ 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
RAY, PETER R COHEN, NORRIS, SCHERER, WEINBERGER, WOLMER 712 U.S. HIGHWAY ONE, STE. 400 NORTH PALM BEACH FL 33408	Name: GORENFLO, CLIFTON H. Street Address (P.O. Box Number is Not Acceptable): 116 SOUTH PARK AVE. City: SANFORD FL Zip Code: 32701

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: _____ CLIFTON H. GORENFLO 6 19 01
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

9. MANAGING MEMBERS / MEMBERS			10. ADDITIONS / CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR KARCHO, HANNA O 30900 TELEGRAPH RD BINGHAM FARMS MI 48025	☒ Delete	MGR / MANAGING MEMBER RAMI YOSEFIAN 5520 WILSON RD SANFORD FL 32771	☐ Change	☒ Addition
		☐ Delete		☐ Change	☐ Addition
		☐ Delete	900004451189 8 -06/29/01--01016--020 *****55.00 *****55.00	☐ Change	☒ Addition
		☐ Delete		☐ Change	☐ Addition
		☐ Delete		☐ Change	☐ Addition
		☐ Delete		☐ Change	☐ Addition

CR2E083 (11/00)

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: Rami _____ RAMI YOSEFIAN 6 19 2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #