3/6/01 (850) 932-9314 Date Daytime Phone #

2001	UNIFORM	BUSINESS	REPORT	(UBR
------	---------	-----------------	---------------	------

SIGNATURE:

					М	
DOCUI	MENT # L0000	0005077		232 ?		
APPALOOSA DEVELOPMENT COMPANY, L.L.C.				FILED SECRETARY OF STATE DIVISION OF CORPORATIONS	11	
				OI MAR 12 PM 3: 15		
Principal Place of Business Mailing Address						
311 GULF BREEZE PARKWAY GULF BREEZE FL 32561 311 GULF BREEZE PARKWAY GULF BREEZE FL 32561						
001. 5				A PROGRAMA DEL BRANK BORN BORNA ARBANA ARBANA ARBANA ARBAN		
		1	,			
2. Principal Place of Business 3. Mailing Address						
Suite, Apt. #, etc. Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE ,			
City & State	<u> </u>	City & State	·	4. FEI NumberApplied For		
			<u></u>	Applied For Not Applicable		
Zip	Country	Zip	Country	5. Certificate of Status Desired S5.00 Additional Fee Required		
	6. Name and Address of Current F	Registered Agent	<u> </u>	7. Name and Address of New Registered Agent		
		_	Name			
LAPOINTE, DARRYL G			Street Add	Street Address (P.O. Box Number is Not Acceptable)		
311 GULF BREEZE PARKWAY GULF BREEZE FL 32561			-			
GOLF DR	ELZE 1 E 3230 !		City	□ Zíp Code		
				FL		
8. The above	named entity submits this statement for	the purpose of changing its	s registered office or r	r registered agent, or both, in the State of Florida.		
SIGNATURE .	·					
	Signature, typed or printed name of registered agent a	nd title if applicable. (NO	TE: Registered Agent signature	ure required when reinstating) DATE		
			IOW!!! FEE IS \$5	· · · · · · · · · · · · · · · · · · ·		
	•	Make Check P	ayable to Departm	ment of State		
9.	MANAGING MEMBE	RS/MEMBERS	10.	ADDITIONS/CHANGES	_	
TITLE	MGR	☐ Delete	TITLE	☐ Change ☐ Addition ☐	R2E083 (11/00)	
NAME STREET ADDRESS	HIGHPOINTE HOSPITALITY INC. 311 GULF BREEZE PARKWAY		NAME STREET ADDRESS		გ ლ	
CITY-ST-ZIP	GULF BREEZE FL 32561		CITY-ST-ZIP .		<u> </u>	
TITLE		· 🗆 Delete	TITLE		S	
NAME			, NAME	-03/14/0101055003		
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	******50.80 ******50.80	•	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	•	
NAME	·		NAME			
STREET ADDRESS			_ STREET ADDRESS			
TITLE	·- · · · · · · · · · · · · · · · · · ·	Delete	TITLE	Change Addition	•	
NAME		□ Délete	NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP	Change Addition		
TITLE NAME	, i	Delete	TITLE NAME	☐ Change ☐ Addition		
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP	·		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition		
NAME STREET ADDRESS			name Street address			
CITY-ST-ZIP			CITY-ST-ZIP			
11. I hereby	certify that the information supplied with	this filing does not qualify for	or the exemption state	sted in Section 119.07(3)(i), Florida Statutes. I further certify that the information		
indicated limited lia	I on this report is true and accurate and	tnat my signature shall have empowered to execute this	e ine same legal effec s report as required b	act as if made under oath; that I am a managing member or manager of the by Chapter 608, Florida Statutes.		