FILED LIMITED LIABILITY COMPANY Apr 22, 2002 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR)** DOCUMENT # 1 00000010558 04-22-2002 90237 017 ****50.00 1. Entity Name Crown Plaza, LLC DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 3. Mailing Address 113 Victorian Lane Victorian Lane 113 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number City & State City & State Applied For Jupiter, Not Applicable \$5.00 Additional 5. Certificate of Status Desired USA Fee Required 7. Name and Address of Current Registered Agent Name DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE Victorian Lane

SIGNATURE Signature, fixed or printed name of registered agent and life if applicable.

FEE IS \$50.00

Make Check Payable to Department of State

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.

MANAGING MEMBERS/MANAGERS 9. MGRM mat Stophen M. White NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP Jupiter, FI 33458 CITY-ST-ZIP TITLE MGRM TINE NAME tairen 5. White 13 Victorian Lane MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Caty-St-Zip THLE nne NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CRY-ST-ZIP TITLE TINE IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CRY-ST-ZIP TITLE TIRE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST-ZIP TITLE me NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHTY-ST-ZIP

DUE BY MAY 1

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: SIGNATURE: SIGNATURE AND STEP OF PRINTED NAME OF SIGNATURE MANAGER, OR AUTHORIZED REPRESENTATIVE

<u>4/14/02</u>

561-743-6336

Daytime Phone #