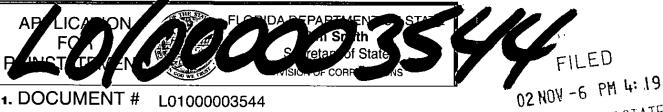
## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



L01000003544

Name and Mailing Address

0007221 01 FP 0,352 \*\*PRSRT T2 0 0615 29210-385052 SUNSHINE HOTEL ASSOCIATES, L.L.C. C/O SAMUEL AGEE 111 STONEMARK LANE SUITE 202 COLUMBIA SC 29210-3850

SECRETARY OF STATE TALLAHASSEE, FLORIDA

800008828628 11/06/02--01063--005 \*\*150.00



The state of the s	Marie and the state of the property of the state of the s	Manual Artist of the Committee of the Co		Company and a second se							
2. New Mailing Address City, State, Zip			4. State/Country of Formation  FL  5. Date Organized or Qualified  To Do Business in Florida  03/07/2001								
						Principal Place of Business 3. New Principal Place of Busines		ess Address	6. FEI Number Applied For		Applied For
						C/O SAMUEL AGEE			5 4 - 20 7 77 80 Not Applic		Not Applicable
111 STONEMARK LANE SUITE 2 COLUMBIA SC 29210	<sup>2</sup> City, State, Zip		CERTIFICATE OF STATUS DESIRED S5.00 Additional Fee required for a Certificate of Status								
8. Name and Address of Current Registered Agent			9. Name and Address of New Registered Agent								
	Name										
HUSZAGH, LEE 249 E VIRGINIA ST TALLAHASSEE FL 32301		Street Address (P.O. Box Number		er is Not Acceptable)							
TALLAHASSEE FL 32301	City		Zip Code								
		Only		FL	Zip Code						
Signature of Registered Agent Registered Agent Registered Agent Registered Agent Registered Registe	IST REPAGENT MUST SIGN			Date 11 04	2002						
11. Names and Street Addresses of Each Managing	Member/Manager										
Title(s) Name of Managing Members/Managers			Address of Each g Member/Manager City / State / Zip		ı / Zip						
Member Samue / C. Agee,			wood Dr = - Columbia STC 29206		C 29206						
member Clarence S. Cipk	1/9 223 W.	Passage	0	Columbia, S.							
Clarence 3 SIPA	$N_1$	vassage	Wr. Columbia,		S.C. 39212						
				_							
		AL 1									
		PSINSTATEMENT 2002									
·					,						
12. I certify that I am managing member/manager of filing this reinstatement application the reason for all fees owed by the limited liability company have as if made under oath.  Signature of Managing Member/Manager	dissolution has been eliminated, the	limited liability comp on this application	pany name satisfient is true and accura	es the requirements of section 6 ate, and my signature shall have	00 400 EC						