LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

UNIFORM BUSINESS REPORT (UBR) FILED SECRETARY OF STATE DIVISION OF CORPORATIONS DOCUMENT # L01000004946 1. Entity Name IDS-HOTEL ISIS, L.C. 02 MAR 29 PM 1: 48 DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 3. Mailing Address 17566 GULF BOULEVARD 17566 GULF BOULEVARD Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For REDINGTON SHORES, FL REDINGTON SHORES, FL 59-3717802 Not Applicable 33708 Country Zio Country \$5.00 Additional 5. Certificate of Status Desired USA 33708 USA Fee Required 7. Name and Address of Current Registered Agent JO CLAIRE SPEAR, ESQUIRE DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable)
9410 INTERNATIONAL COURT NORTH IN THIS SPACE Zip Code FL ST. PETERSBURG 33716-4801 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 JO CLAIRE SPEAR, ESQUIRE SIGNATURE FEE IS \$50.00 400005179744----04/01/02--01060--008 Make Check Payable to Department of State **DUE BY MAY 1** ****50.00 ****50.00 MANAGING MEMBERS/MANAGERS 9. TITLE **MANAGER** 400005179744---04/01/02--01060--009 NAME NAME INNOVATIVE DEVELOPMENT SERVICES GROUP, INC. STREET ADDRESS STREET ADDRESS 3401 37TH STREET SOUTH CITY-ST-ZIF CITY-ST-ZIP *****10.00 *****10.00 ST. PETERSBURG, FL 33711 TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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.

INNOVATIVE DEVELOPMENT SERVICES GROUP, INC., a Florida corporation

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE:

KATHLEEN R. McDONALD, as Pres

(727) 866-2439

Daytime Phone (