

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED

03 APR 14 PM 3:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L01000007246

1. Entity Name

U.S. HOTEL MANAGEMENT, L.L.C.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4901 Tamiami Trail North

Suite, Apt. #, etc.

3. Mailing Address

4901 Tamiami Trail North

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Naples, FL

City & State

Naples, FL

4. FEI Number

59-3712334

Applied For

Not Applicable

Zip

34103

Country

USA

Zip

34103

Country

USA

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

U.S. Investor Services, Inc.

Street Address (P.O. Box Number is Not Acceptable)

4901 Tamiami Trail North

City

Naples

FL

Zip Code
34103

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable.

DATE

FEE IS \$50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP
MGRM	Oakbrook Hotels & Resorts, L.L.C.	1600 E. Main St., Ste. B	St. Charles, IL 60174
MGRM	Gulf Shore Investments, Inc.	4901 Tamiami Trail North	Naples, FL 34103

**DO NOT WRITE
IN THIS SPACE**

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 606, Florida Statutes.

SIGNATURE:

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

Date

Daytime Phone #

2. Fillhout

4-4-03

239-213-4000

CR2E083B (12/02)