

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90033 032 *****50.00

DOCUMENT # L01000013299

1. Entity Name

LAKE MARY HOTEL ASSOCIATES, LLC



Principal Place of Business

**1029 WINCHESTER ROAD
MEMPHIS TN 38116**

Mailing Address

**1029 WINCHESTER ROAD
MEMPHIS TN 38116**

2. Principal Place of Business

8700 TRAIL LAKE DR. West

3. Mailing Address

8700 TRAIL LAKE DR. West

Suite, Apt. #, etc.

300

Suite, Apt. #, etc.

300

City & State

Memphis TN

City & State

Memphis, TN

Zip

38125

Country

Shelby

Zip

38125

Country

Shelby

6. Name and Address of Current Registered Agent

**F&L CORP.
200 LAURA STREET JACKSONVILLE
THE GREENLEAF BUILDING THIRD FLOOR
JACKSONVILLE FL 32201**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE	P	<input type="checkbox"/> Delete
NAME	WILSON, KEM	
STREET ADDRESS	1029 WINCHESTER RD.	
CITY-ST-ZIP	MEMPHIS TN 38116	
TITLE	VP	<input type="checkbox"/> Delete
NAME	WILSON, SPENCE	
STREET ADDRESS	1029 WINCHESTER RD.	
CITY-ST-ZIP	MEMPHIS TN 38116	
TITLE	V	<input type="checkbox"/> Delete
NAME	BATT, WILLIAM	
STREET ADDRESS	1029 WINCHESTER RD.	
CITY-ST-ZIP	MEMPHIS TN 38116	
TITLE	VP	<input type="checkbox"/> Delete
NAME	WILSON, ROBERT A	
STREET ADDRESS	1029 WINCHESTER RD.	
CITY-ST-ZIP	MEMPHIS TN 38116	
TITLE	S	<input type="checkbox"/> Delete
NAME	WALLIN, R.E.	
STREET ADDRESS	1029 WINCHESTER RD.	
CITY-ST-ZIP	MEMPHIS TN 38116	
TITLE	T	<input type="checkbox"/> Delete
NAME	BATT, WILLIAM	
STREET ADDRESS	1029 WINCHESTER RD.	
CITY-ST-ZIP	MEMPHIS TN 38116	

10. ADDITIONS/CHANGES

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kemmons Wilson, JR.	
STREET ADDRESS	8700 TRAIL LAKE DR. West Suite 300	
CITY-ST-ZIP	Memphis, TN 38125	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Spence Wilson	
STREET ADDRESS	8700 TRAIL LAKE DR. West Suite 300	
CITY-ST-ZIP	Memphis, TN 38125	
TITLE	VT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	William Batt	
STREET ADDRESS	8700 TRAIL LAKE DR. West Suite 300	
CITY-ST-ZIP	Memphis, TN 38125	
TITLE	VPAS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robert A. Wilson	
STREET ADDRESS	8700 TRAIL LAKE DR. West Suite 300	
CITY-ST-ZIP	Memphis, TN 38125	
TITLE	SV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	R.E. WALLIN	
STREET ADDRESS	8700 TRAIL LAKE Drive West Suite 300	
CITY-ST-ZIP	Memphis, TN 38125	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	William O'Brien	
STREET ADDRESS	8700 TRAIL LAKE DR. West Suite 300	
CITY-ST-ZIP	Memphis, TN 38125	

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:

WILLIAM BATT

4/3/03

901-346-8800

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

Date

Daytime Phone #

CR2E083 (10/02)