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FILED
May 01, 2002 8:00 am
Secretary of State
03-28-2002 90833 001 *****5.00
03-28-2002 90833 002 ****50.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000014065

1. Entity Name
HOTEL LOBBY INTERNATIONAL LLC

Principal Place of Business	Mailing Address
1200 SE FEDERAL HIGHWAY STUART FL 34994	1200 SE FEDERAL HIGHWAY STUART FL 34994

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
8101 AIRCENTER CT.	8101 AIRCENTER CT.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ORLANDO, FL 32809	City & State: ORLANDO, FL
Zip: 32809 Country:	Zip: 32809 Country:

4. FEI Number 59-3738918 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

FOX, M. LANNING
WARNER, FOX, WACKEEN, DUNGEY
1100 SOUTH FEDERAL HIGHWAY
STUART FL 34994

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.

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 Department of State
Due By May 1, 2002

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR SOFFICI, EDUARDO JR. 1200 SE FEDERAL HIGHWAY STUART FL 34994 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR SOFFICI, EDUARDO, JR P.O. BOX 651 STUART, FL 34995 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~OFFICER~~ MGR BEHRENSEN, GUSTAVO 8101 AIRCENTER CT. ORLANDO, FL 32809 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E083 (9/01)

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: E Soffici Managing Member 3/5/02 772-287-6900 Ext. 191
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #