2005 LIMITED LIABILITY COMPANY

FILED Mar 16, 2005 08:00 AM Secretary of State ANNUAL REPORT DOCUMENT # L01000014321 1. Entity Name RICHARD'S MOTEL, LLC Mailing Address Principal Place of Business_ 1219 S. FEDERAL HWY. 1219 S. FEDERAL HWY. HOLLYWOOD, FL 33020 HOLLYWOOD, FL 33020 03062005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-1151868 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent DO NOT WRITE CLAVET, RICHARD 1219 S. FEDERAL HWY. HOLLYWOOD, FL 33020 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2005 MANAGING MEMBERS/MANAGERS 9. MGR TITLE CLAVET, RICHARD NAME 1219 S FEDERAL HWY STREET ADORESS CITY-ST-ZIP HOLLYWOOD, FL 33020 TITLE 03/16/05-80063-006 **50.**00 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

11. I hereby certify that the information supplied with this filling 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 significant has my significant to 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 truspec exposured to execute this report as required by Chapter 608, Florida Statutes.

NAME STREET ADDRESS CITY-SY-ZIP TITLE

STREET ADDRESS CITY-ST-ZIP

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