LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000033518

1. Entity Name

SIGNATURE



FILED Apr 14, 2003 8:00 am Secretary of State 04-14-2003 90899 039 ****50.00

| HOSPITA | ALITY PROPERTIES | LLC | | | | | |
|--|--|---|--|---|---|--|-------------------------------|
| | DO NOT WRITI | E IN THIS | SPACE | | | | |
| 2. Principal F | Place of Business South 54rut #, etc. | 3. Mailing Address /// 9 Suite, Apt. #, etc. | with Stand | 7 | DO NOT WRITE | E IN THIS SPACE | |
| City & Stat | West th | City & State | UST FL | 4. FEI Num | 4-2088 | | Applied For Not Applicable |
| 33 OZ | 10 Country WS W | 33640 | Country SA | 5. Certifica | e of Status Desired | □ \$5.00 Fee Red | Additional quired |
| | DO NOT V IN THIS S | | Name Correct Add | porate | Address of Current F Creations Services (Services) Address of Current F Creations Address of Current F | Networ | h Inc |
| • | | | City | ani Ro | ach FL | FL 岁 | Code 7 9 |
| | e named entity submits this statement tions of registered agent. | | ig its registered office or re | gistered agent, or b | oth, in the State of Flori | | ith, and accept |
| | Signature, typed or printed name of registered age | | FEE IS \$50.00 yable to Florida Depai DUE BY MAY 1 | rtment of State | | DATE | |
| 9. | MANAGING MEME | | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Mar/Pris. myron Hamm 1149 South 57 Key West, F | ional 2 33040 | NAME STREET ADDRESS CITY-ST-ZIP | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | , | | TITLE NAME STREET ADDRESS CITY_ST_ZIP | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | TITLE NAME STREET ADDRESS CITY-57-21P | | O NOT V | VRITE | |
| TITLE NAME STREET ADDRESS (CITY-ST-ZIP | | | TITLE NAME STREET ADDRESS CITY: ST-ZIP | 1 | NTHIS S | PACE | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | TITLE NAME STREET ADDRESS CITY: ST-7IP | | | | |
| 11. I hereby of indicated limited lial | certify that the information supplied wi on this report is true and accurate an bility company or the receiver or truste | th this filing does not qualif d that my signature shall have empowered to execute | iy for the exemption stated ave the same legal effect a this report as required by 0 | in Section 119.07(3 as if made under oat Chapter 608, Florida |)(i), Florida Statutes. I f h; that I am a managir Ștatutes. | urther certify that ti ng member or man | he information lager of the |