## FILE NOW: Fee after May 1, will be \$588.75

LIMITED LIABILITY COMPANY ·ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

**DIVISION OF CORPORATIONS** 

97 FEB 24 PM 1:32 Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee FILING FEE Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Mailing Address of Limited Liability Company DOCUMENT #1,9400000589 SIGNATURE HOSPITALITY RESOURCES, ORLANDO " 1a. Principal Place of Business Address L.C." TWIN TOWERS HOTEL TWIN TOWERS HOTEL 5780 MAJOR BLVD. 5780 MAJOR BLVD. ORLANDO FL 32819 brlando fl 32819 If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a. 2 Principal Place of Business 2a. Malling Address 3. Date Organized or Qualified | 3a. State of Formation 1/01/1994 FL Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 59-3276747 Not Applicable 5. Date of Last Report 8. Certificate of Status Desired Zin Country Zip Country stiza Add hanal Fee Required D3/01/1996 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent RAUCHLE, TREVOR 524 BAY VILLA LANE Street Address (P.O. Box Number is Not Acceptable) NAPLES FL 33963 Sulte, Apt. #, etc. Zip Code 9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations. SIGNATURE. DATE (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating) 10. Title **Business Street Address** City, State and Zip Code Managing Members/Managers 125 17TH ST., #2200 MGR STARK, CHARLES R **DENVER CO** \*\*\*\*203.75 \*\*\*\*203.75

the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (I), Florida Statutes. Hurther certify that the information 11. I do hereby cereport 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 indicated on this ann. limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.

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SIGN TURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date

Daytime Phone #