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

LIMITED LIABILITY COMPANY ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

97 FEB -7 PH 2: 34 Secretary of State 1997 **DIVISION OF CORPORATIONS** SECRETARY OF STA Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee **FILING FEE** \$ 203.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Mailing Address of Limited Liability Company DOCUMENT #L95000000834 1a. Principal Place of Business Address JHM SAND LAKE HOTEL, L.C. P.O. BOX 8375 880 SOUTH PLEASANTBURG DRIVE GREENVILLE SC 29604 SUITE 3-G GREENVILLE SC 29607 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. Mailing Address 3. Date Organized or Qualified 3a. State of Formation 1/01/1995 FL Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 57-1033201 Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Zip Country Zip Country S8 75 Additional Fee Required 04/29/1996 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent Name CUROTTO, DONALD 340 NORTH ORANGE AVENUE Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL 32801 Suite, Apt. #, etc. City 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 (Registered Agent Accepting Appointment) (NOTE Registered Agent signature required when reinstating) 10. Title **Business Street Address** Managing Members/Managers City, State and Zip Code JHM ENTERPRISES, INC. 480 SOUTH PLEASANTBURG DRI GREENVILLE SC MGR. 300002084143---02/11/97--01147--015 ****212.50 ****212.50

11. Ido 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 annual 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 of 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

01/28/97

864 -232-9944

Daytime Phone #