File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE FEB 2 3 1998 FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY Sandra B. Mortham ANNUAL REPORT Secretary of State 1998 **DIVISION OF CORPORATIONS** SECRETARY OF STATE DIVISION OF CORPORATIONS FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE 98 MAR -4 PM 12: 46 Name and Mailing Address
of Limited Liability Company **DOCUMENT** # L9500000834 1a. Principal Place of Business Address JHM SAND LAKE HOTEL, L.C. P.O. BOX 8375 880 SOUTH PLEASANTBURG DRIVE-3G GREENVILLE SC 29604 SUITE 3-G GREENVILLE SC 29607 2a. Mailing Address 3. Date Organized or Qualified | 3a. State of Formation 2. Principal Place of Business P.O. Box 8375 11/01/1995 FL Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State Not Applicable 57-1033201 Greenville 6. Certificate of Status Desired 5. Date of Last Report Zip Country S8 75 Additional Fee Required 🔭 us A 29604 02/07/1997 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office CUROTTO, DONALD Street Address (P.O. Box Number is Not Acceptable) 340 NORTH ORANGE AVENUE ORLANDO FL 32801 Sulte, Apt. #, etc. City 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. DATE SIGNATURE (Registered Agent Accepting Appointment) (NOTE Registered Agent signature required when reinstating) City, State and Zip Code Managing Members/Managers **Business Street Address** 10. Title MGR JHM ENTERPRISES, INC. 880 SOUTH PLEASANTBURG DRI GREENVILLE SC 3000<u>024</u>52173: -03/10/98--01047--001 ****197.50 ****197.50 11. Ido 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 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 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.

SIGNATURE

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

2/27/95 232-9944