2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR

Apr 24, 2006 8:00 am Secretary of State DOCUMENT # L95000000834 04-24-2006 90040 025 ****50.00 1. Entity Name JHM SAND LAKE HOTEL, L.C. ~~~4602 Mailing Address Principal Place of Business P.O. BOX 8375 880 SOUTH PLEASANTBURG DRIVE GREENVILLE, SC 29604 SUITE 3-G GREENVILLE, SC 29607 Principal Place of Business Suite, Apt. #, etc 04182006 Chg-LLC CR2E083 (11/05) City & State ∕isity & State 4 FFI Number Applied For 57-1033201 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CUROTTO, DONALD Street Address (P.O. Box Number is Not Acceptable) 340 NORTH ORANGE AVENUE ORLANDO, FL 32801 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) DATE 1 Filing Fee is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGR TITLE TITLE Change ☐ Detete Addition JHM ENTERPRISES, INC. NAME NAME 40 Pointe Circle STREET ADDRESS 880 SOUTH PLEASANTBURG DRIVE STREET ADDRESS ٠٠ CITY-ST-ZIP GREENVILLE, SC 29607 CITY-ST-ZIP Greenville SC 291015 MGR TITLE ☐ Delete TIT! F 19 Change ☐ Addition JHM GREENVILLE INC NAME NAME 40 Pointe Circle 880 SOUTH PLEASANTBURG DR. STREET ADDRESS STREET ADDRESS Grænville se 296/15 CITY-ST-ZIP GREENVILLE, SC 29607 CITY-ST-ZIP TITLE MGR ☐ Delete TITLE Addition JHM DOWNTOWN NAME NAME Pointe Circle STREET ADDRESS 880 S. PLEASANTBURG DR. STREET ADDRESS CITY-ST-ZIP GREENVILLE, SC 29607 CITY-ST-ZIP Greenville SC 29615 TITI F UNE ☐ Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete THILE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and limited liability company or the urate and that my signature shall have be same legal effect as if made under oath; that I am a managing member or manager of the or trustee empowered to expend the sport as required by Chapter 608, Florida Statutes.

GNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

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