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

LIMITED LIABILITY COMPANY ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

APPROVED FILED

·	199	7		DIVISION OF	F CORF		1777 M	AK -خ PA	1 3 26
FILING	FEE	Annual Report \$1					SECRE	TARY OF	STATE
\$ 203.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE								iassee, f	LUMUA
of Limited Liability Company									
SIGNATURE HOSPITALITY RESOURCES, FLORIDA " L.C."							1a. Principal Place of Business Address		
RADISSON TWIN TOWERS HOTEL 5780 MAJOR BLVD ORLANDO FL 32819							RADISSON TWIN TOWERS HOTEL 5780 MAJOR BLVD ORLANDO FL 32819		
If above mailing address is incorrect in any way, line through incorrect information and ente 2. Principal Place of Business 2a. Mailing Address						rection in Block 2a.	3. Date Organize	d or Ouglified	3a. State of Formation
Z. Principi	at Place of bus	Za. IVIZIII	za. Walling Address			•			
Suite, Apt.	#, etc.	Suite, Ap	Suite, Apt. #, etc.			11/28/199 4. FEI Number	ים כי	FL Applied Sec.	
City & Stat	te	City & St	City & State			Applied For			
ony a cia		0, 2. 0.				5 9-3343806 Not Applicable 5. Date of Last Report 6. Certificate of Status Desired			
Zip	Country		Zip	Zip Coun		ry			S8 75 Additional Fee Required
	7. Name	and Address of Curi	rent Registered	Agent	ļ		04/10/199 8. Name and Addr		gistered Agent
						Name			
KRUSE, KAY L 5780 MAJOR BLVD ORLANDO YL 32819						Street Address (P.O. Box Number is Not Acceptable)			
•						Suite, Apt. #, etc.			
•			City		FL	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									
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstation							ng)		
10. Title	Managing Members/Managers			Business Street Address			City, State and Zip Code		
MGR	STARK,	CHARLES R		1125 17	TH S	STREET, S	SUITE 22 I	0002 -03/04	co 103939—2 /97-01096-003 03.75 ****203.75
11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. (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:									
CONTACTOR AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Dayline Proce (