
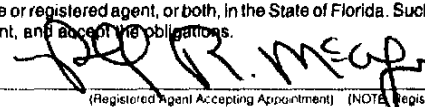
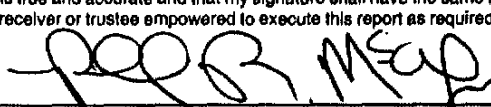


FILE NOW: Fee after May 1, will be \$588.75

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
FILING FEE \$ 203.75		Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE	
1. Name and Mailing Address of Limited Liability Company DOCUMENT # L96000000003 LODGESOUTH NAVARRE, L.C. 1198 GULF BREEZE PARKWAY SUITE 8 GULF BREEZE FL 32561		FILED 97 APR 16 PM 2:54 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
1a. Principal Place of Business Address 8677 NAVARRE PARKWAY NAVARRE FL 32566		3. Date Organized or Qualified 12/29/1995	
2. Principal Place of Business LodgeSouth Navarre, L.C. Suite, Apt., etc.		3a. State of Formation FL	
2a. Mailing Address 127 S. Alcaniz St. Suite, Apt. #, etc.		4. FEI Number 59-3327845	
City & State Pensacola, FL		5. Date of Last Report 06/12/1996	
Zip 32501		6. Certificate of Status Desired See Additional Fee Required <input type="checkbox"/>	
Country USA			
7. Name and Address of Current Registered Agent MCALPIN, RICHARD R 1198 GULF BREEZE PARKWAY SUITE 8 GULF BREEZE FL 32561		8. Name and Address of New Registered Agent Name McAlpin Richard R. Street Address (P.O. Box Number is Not Acceptable) 127 South Alcaniz Street Suite, Apt. #, etc. City PENSACOLA FL Zip Code 32501	
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)		DATE 4/4/97	
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	MCALPIN, RICHARD R	1198 GULF BREEZE PARKWAY,	GULF BREEZE FL
4000002148354--6 -04/18/97--01115--023 ****203.75 ****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. 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: 		4/4/97	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER		Date Daytime Phone #	