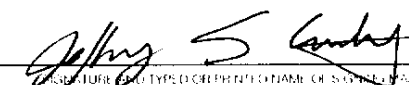


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris, Secretary of State DIVISION OF CORPORATIONS	
FILING FEE \$ 188.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company		DOCUMENT # L96000000003			
LODGESOUTH NAVARRE, I.C. P.O. BOX 10048 BIRMINGHAM AL 35201		1a. Principal Place of Business Address 127 S. ALCANIZ STREET PENSACOLA FL 32501			
2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		12/29/1995	
City & State		City & State		4. FEI Number	
Zip		Country		59-3327845	
				5. Date of Last Report	
				05/11/1998	
				3a. State of Formation FL	
				☐ Applied For ☐ Not Applicable	
				6. Certificate of Status Desired \$8.75 Additional Fee Required ☐	
7. Name and Address of Current Registered Agent				8. Name and Address of New Registered Agent/Office	
MILLER, JANE 3220 AVALON BLVD MILTON FL 32583				Name 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 _____ DATE _____ (Registered Agent Accepting Appointment) (NOT: Registered Agent signature required when General Agent)					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGR	BARKER, ROGER	111 OXMOOR ROAD		BIRMINGHAM AL	
400002892434-4 -06/02/99-01042-021 ****188.75 ****188.75 AL APR 27 1999					
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:  5/1/99 205 942 3435					