2nd NOTICE: Limited Liability Company Will Be Dissolved On Or After October 8, 1997. If Dissolved, Minimum Amount Due To Reinstate: \$703.75

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

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APPROVED FILES
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SECRETARY OF STATE

FILING	FILING FEE Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee + \$385.00 Late Fee							TATLAHASSEE, FLORIDA		
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if above	mailing addre	ss is incorr	ect in any way, fine ti			er correction in Block 2a.				
Principal Place of Business 2a. Mailing Address						Iddress		ed or Qualified	3a. State of Formation	
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BUILDING #113 BUILDING #113 BULF BREEZE FL 32561						A. V.				
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SIGNATI	JRE	(Re	restered Agent Accepting	Appointment	ANOTE: Registered foundation			DATE		
10. Title				obligations. od Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)						
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LIMITED LIABILITY COMPANY **ANNUAL REPORT** 1997



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Secretary of State DIVISION OF CORPORATIONS

FILING FEE Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee + \$385.00 Late Fee \$ 588.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE

Name and Malling Address of Limited Liability Company

DOCUMENT #19600000198

PERDIDO SKYE, LC BAYBRIDGE PROFESSIONAL PARK BUILDING #113 GULF BREEZE FL 32561

1a. Principal Place of Business Address

BAYBRIDGE PROFESSIONAL PARK BUILDING #113 GULF BREEZE FL 32561

97 AUG 20 PM 3: 57

SECRETARY OF STATE TALLAHASSEE, FLORIDA

If above mailing address is incorrect in any way, tine through incorrect information and enter correction in Block 2a.

2. Principal Place of Business

2a. Mailing Address 3. Date Organized or Qualified 3a. State of Formation 02/21/1996 fL Sulte, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For 59-3313885 5. Date of Last Report 6. Ce City & State City & State Not Applicable 6. Certificate of Status Desired Country Country \$8.75 Additional Fee Required 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent INNISFREË HOTELS, INC. Street Address (P.O. Box Number is Not Acceptable) BAYBRIDGE PROFESSIONAL PARK BUILDING #113 GULF BREÉZE FL 32561 Suite, 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. SIGNATURE (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating) 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code INNISFREE HOTELS, INC. BAYBRIDGE PROF. PK., BUILD GULF BREEZE FL MGR * 800002275928---8 -08/25/97--01066--001 *****588.75 *****588.75

11. I do hereby certify that the information supplied with this (iling does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. Hurther 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 of the receiver of 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. 8-15-97

SIGNATURE: