subject 0.0 \$ 40 00 FILED FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY Sandra B. Mortham 90 MAR 17 PM 4: 51 **ANNUAL REPORT** Secretary of State 1998 DIVISION OF CORPORATIONS SECRETARY OF STATE TALLAHASSEE, FLORIDA FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Mailing Address of Linited Liability Company **DOCUMENT #** L9600000198 1a. Principal Place of Business Address PERDIDO SKYE, LC BAYBRIDGE PROFESSIONAL PARK BAYBRIDGE PROFESSIONAL PARK BUILDING #113 BUILDING #113 GULF BREEZE FL 32561 GULF BREEZE FL 32561 🚅 2. Principal Place of Business 2a. Malling 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 City & State City & State Not Applicable 59-3363885 5. Date of Last Report 6. Certificate of Status Desired Country Country Zip \$8.75 Additional Fee Required 08/20/1997 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office Name INNISFREE HOTELS, INC. Street Address (P.O. Box Number is Not Acceptable) BAYBRIDGE PROFESSIONAL PARK BUILDING #113 GULF BREEZE FL 32561 Sulte, Apt. #, etc. 5 +--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_ DATE (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating) 10. Title **Business Street Address** Managing Members/Managers City, State and Zip Code MGR INNISFREE HOTELS, INC. BAYBRIDGE PROF. PK., BUILD GULF BREEZE FL 900002462859 /98--01009--021

11. Ido hereby certify that the information supplied with this filing dose 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:

NIT MEET OF PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGED

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