


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 <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS		FILED 99 MAR 22 AM 8:34 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
<b>FILING FEE \$ 188.75</b>		<b>Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee</b> <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>			
1. Name and Mailing Address of Limited Liability Company <b>DOCUMENT # L96000000235</b> HOSPITALITY CONSTRUCTION COMPANY, L.C. 8895 N. MILITARY TRAIL SUITE 206-D PALM BEACH GARDENS FL 33410		1a. Principal Place of Business Address 8895 N. MILITARY TRAIL SUITE 206-D PALM BEACH GARDENS FL 33410			
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country		3. Date Organized or Qualified <b>02/14/1996</b> 3a. State of Formation <b>FL</b> 4. FEI Number <b>65-0640380</b> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable 5. Date of Last Report <b>04/17/1998</b> 6. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent <b>NICHOLS, L W</b> <b>11380 PROSPERITY FARMS ROAD #204</b> <b>PALM BEACH GARDENS FL 33410</b>			8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) <b>200002828822</b> Suite, Apt. #, etc. <b>03/30/99 01049 021</b> <b>***188.75 ***188.75</b> City <b>FL</b> 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 _____		
<small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent Signature Required When Creating a New Agent)</small>					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MEM	COSTAS, JOHN	204 EAGLETON LAKES BLVD		PALM BEACH GARDENS F	
MEM	<del>PETERS, RICK</del> COSTAS, IRENE	<del>117 UPLAND TERRACE</del> 204 EAGLETON LAKES BLVD		<del>CLARKS SUMMIT PA</del> PALM BEACH GARDENS FL	
16 7-26-99					

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: John S. Costas JOHN S. COSTAS MANAGING 3/19/99 261-644-9458  
SIGNATURE AND FEE REQUIRED FOR FILING OF STATEMENTS OF LIMITED LIABILITY COMPANIES MEMBER Original Filing Fee