


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	
FILED		97 APR 14 PM 3: 25	
SECRETARY OF STATE TALLAHASSEE, FLORIDA		1a. Principal Place of Business Address	
200 E ROBINSON STREET STE 500 ORLANDO FL 32801		200 E ROBINSON STREET STE 500 ORLANDO FL 32801	
1. Name and Mailing Address of Limited Liability Company		DOCUMENT # L96000000938	
CENTRAL FLORIDA HOTEL COMPANY, L.C. 200 E ROBINSON STREET STE 500 ORLANDO FL 32801		3. Date Organized or Qualified 09/05/1996	
2. Principal Place of Business		3a. State of Formation FL	
2a. Mailing Address		4. FEI Number	
Suite, Apt. #, etc.		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
City & State		5. Date of Last Report	
Zip		6. Certificate of Status Desired	
Country		\$8.75 Additional Fee Required <input type="checkbox"/>	
7. Name and Address of Current Registered Agent		8. Name and Address of New Registered Agent	
FLORIDA CORPORATE SUPPORT, INC. 200 E ROBINSON STREET STE 500 ORLANDO FL 32801		Name	
Street Address (P.O. Box Number is Not Acceptable)		Suite, Apt. #, etc.	
City		Zip Code	
FL		FL	
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 reinstating)</small>			
10. Title		Managing Members/Managers	
MEM		KAMSON, OLATOKUNBOH	
MEM		KAMSON, GBEMISOLA	
Business Street Address		City, State and Zip Code	
200 E ROBINSON STREET STE		ORLANDO FL	
200 E ROBINSON STREET STE		ORLANDO FL	
700002145017--9 -04/16/97--01064--011 ****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) (l), 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: _____ KAMSON, OLATOKUNBOH MARCH, 11th 1997			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER			
Date _____ Daytime Phone # _____			