


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		FILED 99 MAR 12 PM 2: 00 SECRETARY OF STATE TALLAHASSEE, FLORIDA													
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 # 196000000938 CENTRAL FLORIDA HOTEL COMPANY, L.C. 200 E ROBINSON STREET STE 500 ORLANDO FL 32801																	
1a. Principal Place of Business Address 200 E ROBINSON STREET STE 50 ORLANDO FL 32801																	
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 09/05/1996 3a. State of Formation FL 4. FEI Number 59-3444454 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable													
		5. Date of Last Report 04/21/1998		6. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required													
7. Name and Address of Current Registered Agent FLORIDA CORPORATE SU, PPORT INC 200 E ROBINSON STREET STE 500 ORLANDO FL 32801			8. Name and Address of New Registered Agent/Office Name Florida Corporate Support, Inc. Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. 200 E ROBINSON STREET STE 500 City ORLANDO FL 32801 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 <i>by: Florida Corporate Support Inc</i> DATE <i>3/9/99</i> <small>(Registered Agent Accepting Appointment) (FEI) (Registered Agent Signature required below, not optional)</small>																	
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 10%;">10. Title</th> <th style="width: 30%;">Managing Members/Managers</th> <th style="width: 30%;">Business Street Address</th> <th style="width: 30%;">City, State and Zip Code</th> </tr> <tr> <td>MEM</td> <td>KAMSON, OLATOKUNBOH</td> <td>200 E ROBINSON STREET STE</td> <td>ORLANDO FL</td> </tr> <tr> <td>MEM</td> <td>KAMSON, GBEMISOLA</td> <td>200 E ROBINSON STREET STE</td> <td>ORLANDO FL</td> </tr> </table>						10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code	MEM	KAMSON, OLATOKUNBOH	200 E ROBINSON STREET STE	ORLANDO FL	MEM	KAMSON, GBEMISOLA	200 E ROBINSON STREET STE	ORLANDO FL
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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: *Robert R. Hendry* *as atty in fact for OLATOKUNBOH, KAMSON* *2/25/99* *407 893 586*