
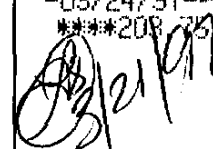
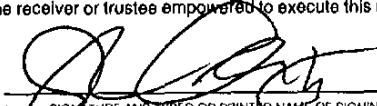


**FILE NOW: Fee after May 1, will be \$588.75**

<b>LIMITED LIABILITY COMPANY ANNUAL REPORT 1997</b>		 <b>FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS</b>	<b>FILED</b>  <b>97 MAR 21 PM 2: 56</b>  <b>SECRETARY OF STATE TALLAHASSEE, FLORIDA</b>
<b>FILING FEE \$ 203.75</b>		<b>Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee</b> <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>	
<b>1. Name and Mailing Address of Limited Liability Company</b> <b>DOCUMENT # L96000000969</b> <b>AMERICAN HOSPITALITY AND RESTAURANT ASSOCIATES, L.C.</b> <b>1819 MAIN STREET</b> <b>SUITE 302</b> <b>SARASOTA FL 34236</b>		<b>1a. Principal Place of Business Address</b> <b>1819 MAIN STREET</b> <b>SUITE 302</b> <b>SARASOTA FL 34236</b>	
<small>If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.</small>			
<b>2. Principal Place of Business</b>  <b>Suite, Apt. #, etc.</b>  <b>City &amp; State</b>  <b>Zip</b> <b>Country</b>		<b>2a. Mailing Address</b>  <b>Suite, Apt. #, etc.</b>  <b>City &amp; State</b>  <b>Zip</b> <b>Country</b>	
		<b>3. Date Organized or Qualified</b> <b>09/16/1996</b>	
		<b>3a. State of Formation</b> <b>FL</b>	
		<b>4. FEI Number</b> <b>65-0697268</b>	
		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
		<b>5. Date of Last Report</b> <b>New</b>	
		<b>6. Certificate of Status Desired</b> <b>\$8.75 Additional Fee Required</b> <input type="checkbox"/>	
<b>7. Name and Address of Current Registered Agent</b>  <b>CHANDLER, JAMES R III</b> <b>1819 MAIN STREET</b> <b>SUITE 302</b> <b>SARASOTA FL 34236</b>		<b>8. Name and Address of New Registered Agent</b>  <b>Name</b>  <b>Street Address (P.O. Box Number is Not Acceptable)</b>  <b>Suite, Apt. #, etc.</b>  <b>City</b> <b>Zip Code</b> <div style="text-align: right;"><b>FL</b></div>	
<b>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.</b>			
<b>SIGNATURE</b> _____		<b>DATE</b> _____	
<small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)</small>			
<b>10. Title</b>	<b>Managing Members/Managers</b>	<b>Business Street Address</b>	<b>City, State and Zip Code</b>
MGRM	CHANDLER, JAMES R III	1819 MAIN STREET, SUITE 302	SARASOTA FL
MEM	FORLENZA, MARC	4208 WINDEMERE PLACE	SARASOTA FL
MEM	BONFRERE, NICK	7535 CALLE FACIL	SARASOTA FL
MEM	GONZALEZ, RAFAEL A	3185 NOVUS COURT	SARASOTA FL
<b>200002122742--4</b> <b>-03/24/97--01202--023</b> <b>****203.75 ****203.75</b> 			
<b>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.</b>			
<b>SIGNATURE:</b> 		<b>3/18/97 941 9233200</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER</small>		<small>Date      Daytime Phone #</small>	