File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State 1998 DIVISION OF CORPORATIONS 98 MAY -4 PM 12: 25 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Malling Address of Limited Liability Company DOCUMENT # L96000000969 1a. Principal Place of Business Address AMERICAN HOSPITALITY AND RESTAURANT ASSOCI 1819 MAIN STREET 1819 MAIN STREET SUITE 302 SUITE 302 SARASOTA FL 34236 SARASOTA FL 34236 3. Date Organized or Qualified | 3a. State of Formation 2. Principal Place of Business 2a. Mailing Address 09/16/1996 4. FEI Number Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State Not Applicable 65-0697268 Date of Last Report 6. Certificate of Status Desired Zip Country Zip Country \$8.75 Additional Fee Required 8. Name and Address of New Registered Agent/Office 7. Name and Address of Current Registered Agent CHANDLER, JAMES R III Street Address (P.O. Box Number is Not Acceptable) 1819 MAIN STREET SUITE 302 Suite, Apt. #, etc. SARASOTA FL 34236 Zip Code City 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 office of Florida. DATE 🗓 SIGNATURE Business Street Address 10. Title anaging Members/Managers City, State and Zip Code 1819 MAIN STREET, SUITE 30 MGRM CHANDLER, JAMES R III 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 300002515913---05/07/98--01103--004 ****188.75 ****188.75 11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (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: