


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

**APPROVED
AND
FILED**

1997 APR 21 AM 10:14

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

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| LIMITED LIABILITY COMPANY ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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| FILING FEE \$ 203.75 | Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE |
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|---|--------------------------------|
| 1. Name and Mailing Address of Limited Liability Company LODGING RESOURCES WORKSHOPS LIMITED COMPAN Y 1617 ATLANTIC AVENUE FERNANDINA BEACH FL 32034 | DOCUMENT # L96000001070 |
| If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a. | |

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| 1a. Principal Place of Business Address 1617 ATLANTIC AVENUE FERNANDINA BEACH FL 32034 |
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| 2. Principal Place of Business 98 S. Fletcher Ave | 2a. Mailing Address 98 S. Fletcher Ave |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State Amelia Island, Fl. | City & State Amelia Island, Fl. |
| Zip 32034 | Country USA |

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| 3. Date Organized or Qualified 10/09/1996 | 3a. State of Formation FL |
| 4. FEI Number 593370349 | <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable |
| 5. Date of Last Report | 6. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |

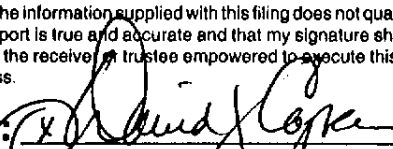
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| 7. Name and Address of Current Registered Agent LEGGIO, ANTHONY J 204 ASH STREET FERNANDINA BEACH FL 32034 |
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|---|
| 8. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City 9100002155299-8 -04/25/97-01074-013 FL ***203.75 ***203.75 |
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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 _____
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when re-instating)

| 10. Title | Managing Members/Managers | Business Street Address | City, State and Zip Code |
|-----------|---------------------------|---|--|
| MGRM | CAPLES, DAVID J | 1617 ATLANTIC AVE. 98 S. Fletcher Ave, | FERNANDINA BEACH FL Amelia Isl. Fl 32034 |
| MGRM | COOK, HELEN E | 1617 ATLANTIC AVE. 98 S. Fletcher Ave, | FERNANDINA BEACH FL Amelia Isl. Fl. 32034 |

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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:  | 3/5/97 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER | Date |