


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
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FILING FEE \$ 188.75	Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE
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1. Name and Mailing Address of Limited Liability Company DOCUMENT # L97000000416 ORMINN WEST, L.C. 6001 MONTROSE RD., STE 1040 ROCKVILLE MD 20852

FILED
LR 8/3
99 AUG -2 AM 10:40
**SECRETARY OF STATE
TALLAHASSEE FLORIDA**

1a. Principal Place of Business Address 155 SOUTHWEST BLVD ORMOND BEACH FL 32174
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2. Principal Place of Business 155 INTERCHANGE BLVD Suite, Apt. #, etc.	2a. Mailing Address SAME AS ABOVE Suite, Apt. #, etc.	3. Date Organized or Qualified 04/14/1997	3a. State of Formation FL
City & State ORMOND BEACH, FLORIDA	City & State	4. FEI Number 59-3444664	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip 32174	Country USA	5. Date of Last Report 05/11/1998	6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>

7. Name and Address of Current Registered Agent MULLINGER, STEVEN W 6101 SABAL HAMMOCK CIR. PT. ORANGE FL 32124	8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code
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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 revalidating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	CREATIVE HOTEL ASSOCIA	6001 MONTROSE RD., STE. 10	ROCKVILLE MD 400002952924 -08/06/99--01076--008 ***1177.50 ***588.75

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: *Richard P. Kaden* **RICHARD P. KADEN** 6-24-99 304-881-0054
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #