2000 UNIFORM BUSINESS REPORT (UBR)

2000	UNIFURM BUS	MESS MEPU	n i	(UPN)	_				
DOCUMENT # L9700000416 1. Entity Name ORMINN WEST, L.C.						FILED SECRETARY OF STATE DIVISION OF CORPORATIONS			
155 INTERCH	e of Business ARGE 8LVD ACH FL 32174	Mailing Address 155 INTERCHARGE BLVD ORMOND BEACH FL 32174			00 0CT -9 AH II: 02				
2. Principal F	Place of Business	3. Mailing Address			- I I BONGKI BIO IRIN WOOK BOKK BOKK BOKK BOKK BOKK BOKK BOKK				
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & Stat	θ	City & State			4. FEIN	lumber 59-3444664		oplied For of Applicable]
Zip Country		Zip Coun		ntry	5. Certificate of Status Desired S5.00 Additional Fee Required				
	6. Name and Address of Current I	Registered Agent			7. Nam	e and Address of New Registered	Agent]
				Name].
MULLING	er, steven w					WMULLINGER			-
	AL HAMMOCK CIR.			Street Address	(P.O. Box N	lumber is Not Acceptable)			
PT. ORANGE FL 32124				: ~~		· · · · · ·			1
FI. ONANGE FE 32124					Willian	nson Borbrard			┨
	,			City Orling	wn Be	EACH FI	L Zip Cod	le 2174	
9. The above	named entity submits this statement for	the nurnose of changing its	rogistor						1.
0. 1110 above	The river of the state of the s	11 '	ogistor	ou omoo or rogisto	agon,	or boar, in the blate of Florida.			
SIGNATURE .	Stem W. Ples	llurer				9-15	-00		1
SIGNATORIE	Signature, typed or printed name of registeres agent a	nd title if applicable. (NOTE	Registere	d Agent signature require	d when reinstati	ng) DATE] ·
	-	EU E NO	MAPELL	EEE 10 650 00					
				FEE IS \$50.00				_	
		Make Check Pay	able t	o Department c	or State				-
9.	MANAGING MEMBE	PS/MANAGERS	10.			ADDITIONS/CHANGE	:0		-
TITLE	MGR	Delete	TITL	F I		ADDITIONO) OF WINDE	☐ Change	Addition	18
NAME	CREATIVE HOTEL ASSOCIATES,		NAM	,					CR2E083 (5/00)
STREET ADDRESS	6001 MONTROSE RD., STE. 1040		STRE	EET ADDRESS					18
CITY-ST-ZIP	ROCKVILLE MD 20852-4886		CITY	-ST-ZIP					
TITLE		Delete	TITL	E			☐ Change	Addition]5
NAME,			NAM	Œ Ì		000003428	150_	1	{
STREET ADDRESS	•		STR	EET ADDRESS		-18/18/000	ini70	18	
CITY-ST-ZIP			CITY	-ST-ZIP		***** ⁵⁰ .00	******]
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STREET ADDRESS				ET ADDRESS			•		
CITY-ST-ZIP				-ST-ZIP					┨
TITLE		☐ Delete	TITL	i		•	☐ Change	Addition Addition	1
NAME STREET ADDRESS			NAM	EET ADDRESS					
CITY-ST-ZIP	•		1	-ST-ZIP					1
		D No.					Change	Addition	┨
TITLE NAME	•	☐ Delete	TITLI	1			☐ cuande		
STREET ADDRESS	\			ET ADDRESS		-			
CITY-ST-ZIP			CITY	-ST-ZIP					
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NAME			NAM						1
STREET ADDRESS			STRE	ET ADDRESS					
CITY-ST-ZIP	i		CITY	-ST-ZIP					
11. I hereby o	ertify that the information supplied with	this filing does not qualify for	the exe	mption stated in S	ection 119.0	07(3)(i), Florida Statutes. I further o	ertify that the in	nformation	1
indicated	on this report is true and accurate and t bility company or the receiver or trustee	hat myrsignature shall have t	ne same	e legal effect as if r	made under	roath; that I am a managing memi	er or manage	er of the	-
imited ila	bility company of the receiver of trustee	omportered to execute trits in	-port as	ы попринеский спар	nai ouo, Filo	niga otatotos.			ļ
	/:\ \\ /:\ \tag{\frac{1}{2}} \fra	Just coller in	aj Er	1					
SIGNAT	URE:	"Mullinger	√ 0						
	SIGNATURE AND TYPED OR PRIN	TED MAME OF SIGNING MANAGING A	IEMBEA C	OR MANAGER		Date	Daytime Phone #		Ĺ