


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 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 98 APR 13 PM 2:57 # 4/14	
FILING FEE \$ 188.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company CAPE HOTEL ASSETS, L.C. 325 FIFTH AVE INDIALANTIC FL 32903		DOCUMENT # L97000000484		1a. Principal Place of Business Address 325 FIFTH AVE INDIALANTIC FL 32903	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip		2a. Mailing Address Suite, Apt. #, etc. City & State Zip		3. Date Organized or Qualified 05/01/1997 4. FEI Number 59-3444720 5. Date of Last Report	
				3a. State of Formation FL <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable 6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>	
7. Name and Address of Current Registered Agent KOONIN, LAUREN B 325 FIFTH AVE INDIALANTIC FL 32903		8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. 400002490794 City FL -04/16/98--01066--016 ****188.75 ****188.75 Zip Code			
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 reinstating)					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGR	FAUST, CHARLES R	4116 N OCEAN DR #700		LAUDERDALE-BY-THE-SE	
MGR	KOONIN, LAUREN B	325 FIFTH AVE #207		INDIALANTIC FL	
MGR	VOLKERT, LEON H	4116 N OCEAN DR #700		LAUDERDALE-BY-THE-SE	
MGR	THOMPSON, C. WAYNE	325 FIFTH AVENUE #207		INDIALANTIC FL	

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:  Lauren B. Koonin 4-8-98 407 725-7500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #