


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 <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

99 APR 20 AM 11:44

<b>FILING FEE</b> \$ 188.75	<b>Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee</b> <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>
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1. Name and Mailing Address of Limited Liability Company	<b>DOCUMENT #</b> L97000000484
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CAPE HOTEL ASSETS, L.C.  
325 FIFTH AVE  
INDIALANTIC FL 32903

1a. Principal Place of Business Address  
325 FIFTH AVE  
INDIALANTIC FL 32903

2. Principal Place of Business		2a. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

3. Date Organized or Qualified 05/01/1997	3a. State of Formation FL
4. FEI Number 59-3444720	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Date of Last Report 04/13/1998	6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>

7. Name and Address of Current Registered Agent KONIN, LAUREN B 325 FIFTH AVE INDIALANTIC FL 32903
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8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City 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 \_\_\_\_\_  
(If Registered Agent Accepting Appointment, (If Not, Registered Agent Signature required with appointment)

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	KONIN, 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: Leo 4-16-99 401 725-7500  
SIGNATURE AND FULLY DEVELOPED NAME OF REGISTERED AGENT OR MANAGING MEMBER