


2nd and FINAL NOTICE: File on or before Sept. 30, 1998 or Limited Liability Company will be dissolved. If dissolved, minimum amount due to reinstate: \$688.75

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 SEP -4 AM 9:10

FILING FEE \$ 588.75	Annual Report \$100.00 + \$68.75 Corporation Supplemental Fee + \$400.00 Late Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE
---------------------------------------	--

1. Name and Mailing Address of Limited Liability Company	DOCUMENT # L97000000892
FLORIDA HOTEL MANAGEMENT, L.C. 60 S. IVANHOE BLVD. ORLANDO FL 32804	

1a. Principal Place of Business Address
60 S. IVANHOE BLVD. ORLANDO FL 32804

2. Principal Place of Business FLORIDA HOTEL MANAGEMENT, LC Suite, Apt. #, etc. 60 S Ivanhoe Blvd City & State ORLANDO, FL Zip 32804	2a. Mailing Address SAME Suite, Apt. #, etc. City & State Zip Country USA	3. Date Organized or Qualified 08/14/1997 4. FEI Number 59-3467509	3a. State of Formation FL <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Date of Last Report		6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>	

7. Name and Address of Current Registered Agent KRASKER, PAUL A 625 N. FLAGLER DR., 9TH FL. WEST PALM BEACH FL 33401	8. Name and Address of New Registered Agent/Office Name SAME Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL 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
MGRM	ZACZAC, GEORGI	60 S. IVANHOE BLVD.	ORLANDO FL
MGRM	WILLIAMS, C. ANDERSON	60 S. IVANHOE BLVD.	ORLANDO FL
MGRM	ZACZAC, ELIZABETH	60 S. IVANHOE BLVD.	ORLANDO FL
MGRM	ZACZAC, LOURDES	60 S. IVANHOE BLVD.	ORLANDO FL
MGRM	ZACZAC, GEORGI JR.	60 S. IVANHOE BLVD.	ORLANDO FL

100002635681--S
-09/09/98--01078--002
****188.75 ****188.75

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:  C. ANDERSON WILLIAMS 407-425-4455
SIGNATURE AND TYPE (OR PRINTED NAME) OF SIGNING MANAGING MEMBER OR MANAGER
Date: 9/19/98 Daytime Phone: #

②

**FLORIDA HOTEL MANAGEMENT
60 SOUTH IVANHOE BOULEVARD
ORLANDO, FLORIDA 32804
(407) 425-4455**

To Whom It May Concern:

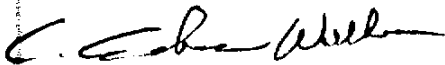
Enclosed please find our 1998 Annual Report and our check in the amount of \$188.75, in full payment of the Annual Report fee and late penalty.

Please be advised that to the best of our belief and knowledge we did not receive the original report and therefore could not make a timely filing.

We would appreciate a waiver of penalty as we did not act in a willfully negligent manner and we do not believe we have reasonable cause for the late filing and payment.

Your prompt attention to this matter will be appreciated.

Sincerely,



**C. Anderson Williams
Executive Vice President
CAW:mb**