File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE FILED SECRETARY OF STATE DIVISION OF CORPORATIONS FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY & Sandra B. Mortham **ANNUAL REPORT** Secretary of State 1998 DIVISION OF CORPORATIONS 98 JUL 22 PH 2: 03 FILING FEE | Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Mailing Address of Limited Liability Company **DOCUMENT #** L97000001447 1a. Principal Place of Business Address ORLANDO AIRPORT INN, LLC 2601 MCCOY ROAD 2601 MCCOY ROAD ORLANDO FL 32809 ORLANDO FL 32809 3a. State of Formation 2. Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified 12/30/1997 Suite, Apt. #, etc. Suite, Apl. #, etc. Applied For City & State City & State Not Applicable 6. Certificate of Status Desired 5. Date of Last Report Country 8.75 Additional Fee Beguired. 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office Name PATEL, NATVERLAL K Street Address (P.O. Box Number is Not Acceptable) 2601 MCCOY ROAD ORLANDO FL 32809 Suite, Apt. #, etc. City 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 appointmen as registered agent, and accept the obligations. SIGNATURE. (Registered Agent Accepting Appointment) (NOTE Registered Agent signature required when reinstating) 10. Title **Business Street Address** City, State and Zip Code Managing Members/Managers ORLANDO AIRPORT INN, I 2601 MCCOY ROAD MGRM ORLANDO FL 000002597150--4 -07/24/38--01006--003 ****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.

GNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER.