



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	
<b>FILING FEE</b> \$ 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		<b>DOCUMENT #</b> L98000000636			
SWFL HOSPITALITY MANAGEMENT, L.L.C. % ROBERT C. GEBHARDT, ESQ. 4501 TAMIAMI TRAIL NORTH, SUITE 400 NAPLES FL 34103		1a. Principal Place of Business Address % ROBERT C. GEBHARDT, ESQ. 4501 TAMIAMI TRAIL NORTH, SU NAPLES FL 34103			
2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		05/19/1998	
City & State		City & State		3a. State of Formation FL	
Zip		Zip		4. FEI Number 59-3559994	
Country		Country		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
7. Name and Address of Current Registered Agent		8. Name and Address of New Registered Agent/Office		5. Date of Last Report N/A	
GEBHARDT, ROBERT C ESQ. PORTER, WRIGHT, MORRIS & ARTHUR 4501 TAMIAMI TRAIL NORTH, SUITE 400 NAPLES FL 34103		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code		6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>	
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's signature required when term expires)					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGR	MEYERS, DAVID A	4501 TAMIAMI TRAIL NORTH,		NAPLES FL	
*****2832238- - 8 -04/07/99--01077--013 ****188.75 ****188.75 CL					
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: 		DAVID A. MEYERS		3-10-99 495-9172	
SIGNATURE AND TYPE OF OFFICIAL (NAME OF SIGNER, MANAGER, MEMBER OR MANAGER) FILED RECEIVED					