

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 Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	--

FILED
 MAR 29 PM 5:00
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

FILING FEE	Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee
\$ 188.75	Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company

DOCUMENT # 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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

3. Date Organized or Qualified	3a. State of Formation
05/19/1998	FL
4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
59-3559994	
5. Date of Last Report	6. Certificate of Status Desired
N/A	\$8.75 Additional Fee Required <input type="checkbox"/>

7. Name and Address of Current Registered Agent

GEBHARDT, ROBERT C ESQ.
 PORTER, WRIGHT, MORRIS & ARTHUR
 4501 TAMIAMI TRAIL NORTH, SUITE 400
 NAPLES FL 34103

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

FL

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 a 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 is long)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	MEYERS, DAVID A	4501 TAMIAMI TRAIL NORTH,	NAPLES FL

#####2882238-8
 -04/07/99--01077--013
 ***188.75 ***188.75
DL

1. 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 (941) 495-9172

SIGNATURE AND TYPE OF OFFICIAL (NAME OF SIGNER, MANAGING MEMBER OR MANAGER) DATE (Month/Day/Year)