2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED AND FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # L98000000636

1. Entity Name
SWFL HOSPITALITY MANAGEMENT, L.L.C.

Principal Place of Business	Mailing Address
% ROBERT C. GEBHARDT, ESQ. 4501 TAMIAMI TRAIL NORTH, SUITE 400 NAPLES FL 34103	% ROBERT C. GEBHARDT, ESQ. 4501 TAMIAMI TRAIL NORTH, SUITE 400 NAPLES FL 34103-3023

2. Principal Place of Business	3. Mailing Address
26056 Clarkston Drive	26056 Clarkston Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Bonita Springs, Florida	City & State: Bonita Springs, Florida
Zip: 34135 / Country: USA	Zip: 34135 / Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3559994 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GEBHARDT, ROBERT C ESQ. PORTER, WRIGHT, MORRIS & ARTHUR 4501 TAMIAMI TRAIL NORTH, SUITE 400 NAPLES FL 34103	Name: David A. Meyers Street Address (P.O. Box Number is Not Acceptable): 26056 Clarkston Drive City: Bonita Springs, FL Zip Code: 34135

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ 3-17-00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MEYERS, DAVID A 4501 TAMIAMI TRAIL NORTH, #400 NAPLES FL 34103 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ☒ Change ☐ Addition R.O.P.T., LC 26056 Clarkston Drive ~~Bonita Springs, FL 34135~~
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 200003208242--0 -04/13/00--01122--025 *****50.00 *****50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

11. I 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 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.

SIGNATURE: SIGNATURE REQUIRED 3-17-00 941-949-2915
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (9/99)