
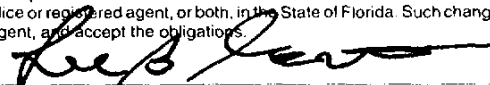


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

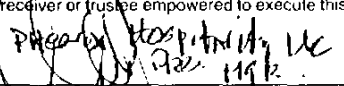
FILED  
May 21 1999 8:00 am  
Secretary of State

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
<b>FILING FEE \$ 188.75</b> <b>Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee</b> <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>		

<b>1. Name and Mailing Address of Limited Liability Company</b> <b>DOCUMENT # L98000000871</b> <b>HOSPITALITY VENTURES OF CORAL SPRINGS, L.C.</b>  <b>3300 UNIVERSITY DRIVE, SUITE 408</b> <b>CORAL SPRINGS FL 33065</b>				<b>1a. Principal Place of Business Address</b>  <b>3300 UNIVERSITY DRIVE, SUITE</b> <b>CORAL SPRINGS FL 33065</b>	
<b>2. Principal Place of Business</b>  Suite, Apt. #, etc. City & State Zip      Country		<b>2a. Mailing Address</b>  Suite, Apt. #, etc. City & State Zip      Country		<b>3. Date Organized or Qualified</b> <b>06/24/1998</b>  <b>3a. State of Formation</b> <b>FL</b>	
<b>4. FEI Number</b> <b>65-0845886</b>				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
<b>5. Date of Last Report</b>				<b>6. Certificate of Status Desired</b> <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
<b>7. Name and Address of Current Registered Agent</b>  <b>C T CORPORATION SYSTEM</b> <b>1200 SOUTH FINE ISLAND ROAD</b> <b>PLANTATION FL 33324</b>			<b>8. Name and Address of New Registered Agent/Office</b> Name <b>Lee B. Gartner</b> Street Address (P.O. Box Number is Not Acceptable) <b>3300 N. University Dr.</b> Suite, Apt. #, etc. <b>Suite. 408</b> City <b>Coral Springs FL</b> Zip Code <b>33065</b>		
<b>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.</b> SIGNATURE  DATE <b>4/20/99</b>					

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	PHENIX HOSPITALITY, L.	3300 UNIVERSITY DRIVE, SUITE 408	CORAL SPRINGS FL 33065

**11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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:**       **4/20/99 752-1150**

SIGNATURE AND TYPED OR PRINTED NAME OF SHARERS/MANAGING MEMBER OR MANAGER