2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 08, 2001 08:00 AM
Secretary of State

DOCUMENT # **L98000001351**

1. Entity Name
ASUTOSH HOTELS I, L.L.C.

Principal Place of Business	Mailing Address
327 NORTH HERNANDO STREET	P.O. BOX 3029
LAKE CITY FL 32055	KINGSLAND GA 31548

2. Principal Place of Business	3. Mailing Address
13400 SUTTON PARK DR SOUTH	13400 SUTTON PARK DR SOUTH
Suite, Apt. #, etc.: SUITE 1604	Suite, Apt. #, etc.: SUITE 1604
City & State: JACKSONVILLE FL	City & State: JACKSONVILLE FL
Zip: 32224 Country:	Zip: 32224 Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3526723** ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PEELE S. AUSTIN
327 NORTH HERNANDO STREET
LAKE CITY FL
32055 US

7. Name and Address of New Registered Agent

Name: PATEL ANIL D
Street Address (P.O. Box Number is Not Acceptable): 13400 SUTTON PARK DR SOUTH
SUITE 1604
City: JACKSONVILLE **FL** Zip Code: 32224

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 **ANIL D. PATEL** 09/08/2001
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	MGRM	☐ Delete	TITLE	MGRM	☒ Change ☐ Addition
NAME	TRINETRA INC.		NAME	TRINETRA, INC.	
STREET ADDRESS	P.O. BOX 3029		STREET ADDRESS	13400 SUTTON PARK DR SOUTH, SUITE 1604	
CITY-ST-ZIP	KINGSLAND GA 31548		CITY-ST-ZIP	JACKSONVILLE FL 32224	
TITLE	MGRM	☐ Delete	TITLE	MGRM	☒ Change ☐ Addition
NAME	ADCORE, INC.		NAME	ADCORE, INC.	
STREET ADDRESS	P.O. BOX 3029		STREET ADDRESS	13400 SUTTON PARK DR SOUTH, SUITE 1604	
CITY-ST-ZIP	KINGSLAND GA 31548		CITY-ST-ZIP	JACKSONVILLE FL 32224	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E083 (11/00)

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: Adcore, Inc. MGRM 09/08/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #