File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY FILED Katherine Harris ANNUAL REPORT Secretary of State 99 MAR 26 AN 9:38 1999 DIVISION OF CORPORATIONS FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Mailing Address
of Limited Liability Company **DOCUMENT #** L98000002376 1a. Principal Place of Business Address BURDEN HOTEL ASSOCIATES, LC 6651 DARTER COURT 6651 DARTER COURT FORT PIERCE FL 34945 FORT PIERCE FL 34945 2 Principal Place of Business 3. Date Organized or Qualified | 3a. State of Formation 2a. Mailing Address _10/21/1998 ___ Suite, Apt. #, etc. Suite, Apt. #, etc. L FL Applied For City & State City & State Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Ζιρ Country Zio Country \$8.75 Additional Fee Required 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Suite, Apt #. etc. Zip Code 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. [Registered Agent Ascepting Appointments | that be Hogisteric Agent registrosis required when resistance 10. Title Managing Members/Managers **Business Street Address** City. State and Zip Code W-B REALTY HOLDINGS, L 6651 DARTER COURT MGR FORT PIERCE FL 600002931456--9 -04/06/99-01091--008 ****188.75 ****188.75 11. Ldo 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 reports as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address. SIGNATURE: Acarra Memerio Commanaca R Digner Phone #

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