

DOCUMENT # L98000002376

1. Entity Name
BURDEN HOTEL ASSOCIATES, LC

Principal Place of Business
6651 DARTER COURT
FORT PIERCE FL 34945

Mailing Address
6651 DARTER COURT
FORT PIERCE FL 34945-2722

FILED

00 DEC 18 AM 11:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

05-0501385
APPLIED FOR

Applied For

Not Applicable

Zip

Country

Zip

Country

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

ARST SEC

12-13-00

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 MGR
STREET ADDRESS W-B REALTY HOLDINGS, L.C.
CITY- ST- ZIP 6651 DARTER COURT
FORT PIERCE FL 34945 Delete

TITLE NAME
STREET ADDRESS
CITY- ST- ZIP
000003510940- -4
-12/21/00--01093--014
****150.00 ****150.00 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
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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CR2E083 (9/99)

4699 AF