| 2000 UNIFORM BUSINESS REPORT (UBR)  |  |  |                 |                        |                        |            | APPROV  | /EŪ              |                     | }                                    | Ē              |
|---|--|--|-----------------|------------------------|------------------------|------------|---|------------------|---------------------|--------------------------------------|----------------|
| DOCUMENT # L9800003410  |  |  |                 |                        |                        |            | & FILE  | )                | 100                 |                                      | =              |
| 1. Entity Name FORTUNE HOTELS MANAGEMENT, L.L.C.  |  |  |                 |                        | -                      | 00.4       | <b>APR</b><br>APR 26 PI                         |                  |                     |                                      | =              |
| *   |  | •  |                 |                        |                        |            |   |                  |                     |                                      |                |
| Principal Place of Business Mailing Address  5600 GULF BLVD 5600 GULF BLVD  ST PETERSBURG BEACH FL 33706 ST PETERSBURG BEACH FL |  |  |                 | ÷22 <b>4</b> 8         |                        | TALL       | RETARY O<br>AHASSEE,                            | FLORID           | Α -                 |                                      |                |
| Principal Place of Business     3. Mailing Address  |  |  |                 |                        |                        |            |   |                  |                     |                                      |                |
| Suite, Apt.   | #, etc.  | Suite, Apt. #, etc.  |                 |                        | mon                    | V          | DO NOT WRI                                      | TE IN THIS :     | SPACE               |                                      |                |
| City & State  | . <i>;</i><br>Э  | City & State   |                 |                        | 4. FEI I               |            | 59-3548337                                      | •                |                     | plied For                            |                |
| Zip   | Country  | Zip  | Zip Coun        |                        | 5. Certificate of Sta  |            |   |                  | \$5.00 Add          |                                      |                |
| 6. Name and Address of Current  |  | t Registered Agent   | egistered Agent |                        |                        |            | ddress of New R                                 |                  | Fee Required        | <u> </u>                             | -              |
|   |  | <u> </u>   |                 | Name                   |                        |            |   | · · · · · ·      |                     |                                      |                |
| BOGOTT, TIMOTHY R<br>5600 GULF BLVD   |  |  |                 | Street Add             | ress (P.O. Box N       | Number is  | s Not Acceptable                                | <del>!</del> )   |                     |                                      |                |
| ST PETERSBURG BEACH FL 33706  |  |  |                 |                        |                        |            |   |                  |                     |                                      |                |
|   |  |  |                 | City                   |                        |            |   | FL               | Zip Code            | 9                                    |                |
| 8. The above  | named entity submits this statement  | for the purpose of changing its  | registere       | d office or re         | egistered agent,       | or both, i | in the State of Flo                             | rida.            |                     |                                      |                |
| SIGNATURE _   | Signature, typed or printed name of registered ager  | ot and title if conficeble (NOT  | E: Bogistored   | Agent signature        | required when reinstat | tina)      |   | DATÉ             |                     |                                      | i              |
|   | эдналие, урва огринестване отвукаесь адаг  | ,  |                 | -                      | •                      | ,          |   | DAIL             |                     |                                      |                |
|   |  | Make Check Pa  |                 | EE IS \$50<br>Departmo |                        |            |   |                  |                     |                                      |                |
| 9.  | MANAGING MEM   | BERS/MEMBERS   | 10.             |                        | •                      |            | ADDITIONS                                       | CHANGES          |                     |                                      | $\dashv$       |
| TITLE NAME STREET ADDRESS CITY- 87- ZIP   | MGRM Delete BOGOTT, TIMOTHY R 5600 GULF BLVD ST PETERSBURG BEACH FL 33706  |  |                 |                        |                        | <b>S</b> O | 0003;<br>-05/09,                                | /000             | 11310               | □ <b>AddOtion</b><br><b>7</b><br> 24 | CR2E083 (9/99) |
| YITLE HAME STREET ADDRESS CITY-ST-ZIP   | ☐ Celoto   |  |                 |                        |                        | <u> </u>   | 米米米米米   | <del>50.00</del> | 出来来来来了<br>【】Ctrange | Addition                             | CR             |
| TITLE MARKE STREET ADDRESS CITY-ST-ZIP  |  | ☐ Delote   |                 |                        |                        |            |   |                  | Change              | Addition                             |                |
| TITLE MAME STREET ADDRESS CITY-ST-ZIP   |  | ☐ Deleta   | . E             | T AUDRESS<br>ST-ZIP    |                        |            |   |                  | ☐ Change            | Addition                             |                |
| TITLE MAME STREET ADDRESS CITY ST-ZIP   |  | ☐ Delate   |                 | T ADDRESS<br>ST-ZIP    |                        |            |   |                  | Change              | Addition                             |                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-S1-ZIP  |  | ☐ Celeta   |                 | T AODRESS<br>ST-ZIP    |                        |            |   | _                | Change              | Addition                             |                |
| 11. I hereby c indicated limited liab   | ertify that the information supplied on this report is true and accurate an oility company or the receiver of truste.  URE:  SIGNATURE AND TYPED OR BY | th this filling does not qualify for that my signature shall have been empowered to except the light of the control of the con | 4               | Innoth                 |                        |            | Florida Statutes.<br>nat I am a manag<br>tutes. |                  |                     |                                      |                |