2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: Ì

APPROVED L9900000148 DOCUMENT # 1. Entity Name 00 MAY -1 AM 10: 33 FHI MANAGEMENT, LLC SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 12800 UNIVERSITY DRIVE. SUITE 350 12800 UNIVERSITY DRIVE, SUITE 350 FORT MYERS FL 33907-5344 FORT MYERS FL 33907 2. Principal Place of Business 3. Mailing Address 5600 Gul DO NOT WRITE IN THIS SPACE Applied For Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Name BOGOTT, TIMOTHY R 12800 UNIVERSITY DRIVE, SUITE 350 FORT MYERS FL 33907 red office or registered agent, or both, in the State of Florida. 8. The above named entity submits this si anging its **SIGNATURE** egistered Agent signature required when reinstating) 700003258487--5 FILE NOW!!! FEE IS \$50.00 -05/19/00--01006--003 Make Check Payable to Department of State *****50.00 <u>****</u>*50.80 MANAGING MEMBERS/MEMBERS 10. ADDITIONS/CHANGES 9. TITLE Change MEM TITLE Delete FORTUNE HOTELS MANAGEMENT, LLC NAME MAME 5600 Gulf Blud. 12800 UNIVERSITY DRIVE, SUITE 350 STREET ADDRESS STREET ADDRESS FORT MYERS FL 33907 CITY-ST-ZIP CITY-ST-719 TITLE ... Deleta TETLE MAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY- ST- ZIP Addition Delete TITLE Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition MAME STREET ADDRESS STREET ADDRESS CETY- ST- ZEP CITY-ST-ZIP (Change Delete TITLE Addition TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY- 27- ZCP ■ AddItion Change TITLE TITLE Delete NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZUB CITY-ST-7IP increedy certify that the information supplied with this filling does not qualify for the exemption indicated on this report is true and accurate and that my signature shall have the same legislimited liability company or the receiver or trustee empowered to execute his rappoint. stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information effect as if made under oath; that I am a managing member or manager of the red by Chapter 608, Florida Statutes. 11. I hereby certify that the information supplied with

IGNING MANAGING MEMBER OR MANAGEN

727-562-124