2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000002078

1. Entity Name
HOSPITALITY HOLDINGS, L.L.C.

APPROVED
AND
FILED

00 MAY -3 AM 10: 03

SECRETARY OF STATE
TALLAHASSEE. FLORIDA

Principal Place of Business	Mailing Address
3011 EXCHANGE COURT. SUITE 106 WEST PALM BEACH FL 33409	3011 EXCHANGE COURT. SUITE 106 WEST PALM BEACH FL 33409-4003

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number — *Applied for* — [X] Applied For / Not Applicable

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
OKOLICHANY, RONALD 3011 EXCHANGE COURT, SUITE 106 WEST PALM BEACH FL 33409	Name: Keith Meisel PA Street Address (P.O. Box Number is Not Acceptable): 11a US Hwy One Suite 230 City: N Palm Beach FL 33408

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 _(signature)_
Signature, typed or printed name of registered agent and title if applicable.
(NOTE: Registered Agent signature required when reinstating)
DATE 4/24/00

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS		10. ADDITIONS / CHANGES	
TITLE MGRM **NAME** METZ, JOHN C **STREET ADDRESS** 3011 EXCHANGE COURT, SUITE 106 **CITY-ST-ZIP** WEST PALM BEACH FL 33409	☐ Delete	**TITLE** **NAME** **STREET ADDRESS** **CITY-ST-ZIP**	☐ Change ☐ Addition 900003269519---0 -05/30/00--01005--022 *****50.00 *****50.00
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** **STREET ADDRESS** **CITY-ST-ZIP**	☐ Change ☐ Addition
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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** **STREET ADDRESS** **CITY-ST-ZIP**	☐ Change ☐ Addition

CR2E083 (9/99)

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: X SIGNATURE REQUIRED Metz MGRM 4/22/00 561-684-2101
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER / Date / Daytime Phone #