

2000 UNIFORM BUSINESS REPORT (UBR)

REINSTATEMENT 2000

DOCUMENT # L99000002738

1. Entity Name

IDS CORPORATE HOUSING, LLC

Principal Place of Business

2055 GRAND ROAD, SUITE 200
LOS ALTOS CA 94024

Mailing Address

2055 GRAND ROAD, SUITE 200
LOS ALTOS CA 94024-6914

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 3558

Suite, Apt. #, etc.

City & State

SARASOTA FLORIDA

Zip

Country

34230

US

4. FEI Number

87-0635805

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent

Name ALAN BROOKS

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

6290 LAKE OSPREY DR

City SARASOTA

FL

Zip Code

34240

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

Alan Brooks ALAN BROOKS

11/19/00

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

TITLE NAME MGRM BROOKS, ALAN K
STREET ADDRESS 2055 GRANT ROAD, SUITE 200
CITY-ST-ZIP LOS ALTOS CA 94024

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
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CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE NAME MGRM BROOKS, ALAN K
STREET ADDRESS P.O. Box 3558
CITY-ST-ZIP SARASOTA, FL 34230

TITLE NAME
STREET ADDRESS 500003491695--2
CITY-ST-ZIP -12/08/00--01045--013
****150.00 ****150.00

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

10/29/00

Date

941-388-4262

Daytime Phone #

0017128 AF

CR2E083 (9/99)