FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Jan 24, 2002 8:00 am § Secretary of State DOCUMENT # L9900008043 01-24-2002 90354 022 ****50.00 FOURCE HOTEL PROPERTIES, LLC Principal Place of Business Mailing Address 3990 TAMPA RD. 3990 TAMPA RD. OLDSMAR FL 34677 OLDSMAR FL 34677 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3613791 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SIMONE, PAUL Street Address (P.O. Box Number is Not Acceptable) 27988 U.S. HWY. 19 NORTH **CLEARWATER FL 33761** City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGRM TITLE □ Delete TITLE ☐ Change Addition NAME SIMONE, PAUL STREET ADDRESS STREET ADDRESS 27988 U.S. 19 NORTH CITY-ST-ZIP CITY-ST-ZIP **CLEARWATER FL 33761** MGRM Delete TITLE ☐ Change ☐ Addition LEYDEN, BRIAN L NAME STREET ADDRESS 389 E. DOUGLAS RD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP OLDSMAR FL 34677 MGRM_ TITLE Delete TITLE Change Addition NAME DONATO, SIMONE NAME STREET ADDRESS STREET ADDRESS 2303 1ST EAST CITY-ST-ZIP CITY-ST-ZIP **BRANDENTON FL 34208 MGRM** TITLE Delete TITLE ☐ Change ☐ Addition NAME ALBERTRANI, TOM NAME STREET ADDRESS ZABEEL RACING Z095 STREET ADDRESS CITY-ST-ZIP DUBAI U.A.E. CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

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SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

LSimove 1-22-02