

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Sep 08, 2001 08:00 AM****Secretary of State****DOCUMENT # L99000008308**1. Entity Name  
ASUTOSH HOTELS II, LLC

Principal Place of Business 327 NORTH HERNANDO ST.  LAKE CITY 32055	FL	Mailing Address P.O. BOX 3029  KINGSLAND 31548	GA
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2. Principal Place of Business 13400 SUTTON PARK DR SOUTH	3. Mailing Address 13400 SUTTON PARK DR SOUTH
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Suite, Apt. #, etc. SUITE 1604	Suite, Apt. #, etc. SUITE 1604
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City & State JACKSONVILLE FL	City & State JACKSONVILLE FL
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Zip 32224	Country	Zip 32224	Country
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4. FEI Number <b>59-3613008</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**PEELE S. AUSTIN  
327 NORTH HERNANDO ST.  
  
LAKE CITY FL  
32055 US**7. Name and Address of New Registered Agent**Name  
PATEL ANIL D  
Street Address (P.O. Box Number is Not Acceptable)  
13400 SUTTON PARK DR SOUTH  
SUITE 1604  
City JACKSONVILLE FL Zip Code 32224

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 **ANIL D. PATEL****09/08/2001**

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 STREET ADDRESS CITY-ST-ZIP	MGRM TRINETRA, INC. P.O. BOX 3029 KINGSLAND GA 31548	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ADCORE, INC. P.O. BOX 3029 KINGSLAND GA 31548	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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**10. ADDITIONS / CHANGES**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TRINETRA, INC. 13400 SUTTON PARK DR SOUTH, SUITE 1604 JACKSONVILLE FL 32224	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ADCORE, INC. 13400 SUTTON PARK DR SOUTH, SUITE 1604 JACKSONVILLE FL 32224	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: **Adcore, Inc.** MGRM 09/08/2001

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

Date

Daytime Phone #

CR2E083 (11/00)