

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 22, 2002 8:00 am
Secretary of State

09-22-2002 90067 024 ****55.00

DOCUMENT # M00000000222

1. Entity Name
MATRIX LODGING, L.L.C.

Principal Place of Business
**601 CLEVELAND ST., STE. 240
 CLEARWATER FL 33755**

Mailing Address
**601 CLEVELAND ST., STE. 240
 CLEARWATER FL 33755**

981127



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
8 S. Fort Harrison Ave
 Suite, Apt. #, etc.

3. Mailing Address
8 S. Fort Harrison Ave
 Suite, Apt. #, etc.

City & State
Clearwater FL
 Zip
33756-5105
 Country

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4. FEI Number **59-3607092**

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

**ELLENBURG, GERALD D
 601 CLEVELAND ST., STE. 240
 CLEARWATER FL 33755**

Name
Ellenburg, Gerald D
 Street Address (P.O. Box Number is Not Acceptable)
8 S. Fort Harrison

City **Clearwater** FL Zip Code **33756**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *[Signature]*
 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
Due By September 25, 2002

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
MGR	ELLENBURG, GERALD	601 CLEVELAND ST., STE. 240	CLEARWATER FL 33755	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
	Ellenburg Family LLC	8 S. Fort Harrison Ave	Clearwater, FL 33756-5105	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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]* **Gerald D Ellenburg, Chairman**
Managing Member Date **9-16-02** (27) 446-3000
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #

CRE083 (4/02)