

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M01000002000

FILED
Feb 17, 2005
Secretary of State

Entity Name: CM HOTEL GP, LLC

Current Principal Place of Business:

450 S. ORANGE AVE.
ORLANDO, FL 328013336

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 4920
ORLANDO, FL 32802

New Mailing Address:

P.O. BOX 2226
ORLANDO, FL 32802

FEI Number: 59-3740509

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STRICKLAND, C. BRIAN
450 S. ORANGE AVE.
ORLANDO, FL 328013336 US

Name and Address of New Registered Agent:

THOMAS, STEPHANIE J
450 S. ORANGE AVE.
ORLANDO, FL 328013336 US

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: STEPHANIE J THOMAS

02/17/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: HUTCHISON, THOMAS J III
Address: 450 S. ORANGE AVE.
City-St-Zip: ORLANDO, FL 328013336

Title: MGR () Delete
Name: STIDD, ANDREW L
Address: 445 BROAD HOLLOW ROAD
City-St-Zip: MELVILLE, NY 11747

Title: MGR () Delete
Name: ANGELO, BERNARD J
Address: 445 BROAD HOLLOW ROAD
City-St-Zip: MELVILLE, NY 11747

Title: MGR () Delete
Name: MULLER, CHARLES A
Address: 450 S. ORANGE AVE.
City-St-Zip: ORLANDO, FL 328013336

Title: MGR () Delete
Name: STRICKLAND, C. BRIAN
Address: 450 S. ORANGE AVE.
City-St-Zip: ORLANDO, FL 328013336

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: BLOOM, BARRY A
Address: 450 S. ORANGE AVE.
City-St-Zip: ORLANDO, FL 328013336

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: STEPHANIE J THOMAS

AS

02/17/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date