File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE FILED FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY Sandra B. Mortham ANNUAL REPORT 98 MAY -4 PM 3: 45 Secretary of State 1998 DIVISION OF CORPORATIONS SECRETARY OF STATE PILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee TALLAHASSEE, FLORIDA \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Malling Address
of Limited Liability Company **DOCUMENT # M9400000074** 1a. Principal Place of Business Address US HOSPITALITY VENTURES, LLC, L.C. 132 MIRACLE STRIP PARKWAY 132 MIRACLE STRIP PARKWAY FORT WALTON BEACH FL 32548 FORT WALTON BEACH FL 32548 2. Principal Piace of Business 3. Date Organized or Qualified | Sa. State of Formation 2a. Mailing Address 08/18/1994 NC Suite, Apr. 4, etc. Suite, Apt. #, elc. 4. FEI Number Applied For City & State City & State Not Applicable 56-1883399 5. Date of Last Report 6. Certificate of Status Desired Country Zip Country Ζip 05/19/1997 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office Name SMITH, WALTER J ESQ Street Address (P.O. Box Number la Not Acceptable) 25 WALTER MARTIN ROAD 400002520094---C FORT WALTON BEACH FL 32548 Suite, Apt. #, etc. -ns/12/98--01034--024 ####1**日日 | 75** | ####188.75 City 8. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing ta registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. Thereby accept the appointment as registered agent, and accept the obligations. SIGNATURE DATE . (Projektrust Agent Anecopting Appointment) (NOTE: Registered Agent signature required which initiating) 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code MGRM TROUTMAN, WILLIAM H 4220 MONTIBELLO DR CHARLOTTE NC 207 RIVERVIEW TERRACE MORM PHILLIPS, GARY S LAKE WYDIE SC Delett MORM TROUTMAN, WILLIAM B 4319 LINKS DRIVE CHARLOTTE NC. Delete MORM BAUCON, TIMOTHY W 1912 Caramaran dr NAVARRE-FL-Delete 4

11. Ido hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3) (i). Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am a managing member of manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE:

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Mortuna

W. H. Troutman 4/21/98

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