


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

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DIVISION OF CORPORATIONS

99 APR 20 AM 11:45

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
<b>FILING FEE</b> \$ 188.75	<b>Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee</b> <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>	

<b>1. Name and Mailing Address of Limited Liability Company</b> <b>DOCUMENT # M94000000074</b>  US HOSPITALITY VENTURES, LLC, L.C. <del>132 MIRACLE STRIP PARKWAY</del> <del>FORT WALTON BEACH FL 32548</del>	
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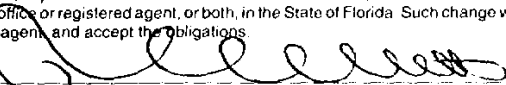
<b>1a. Principal Place of Business Address</b>  132 MIRACLE STRIP PARKWAY FORT WALTON BEACH FL 32548
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<b>2. Principal Place of Business</b>  Suite, Apt. #, etc.  City & State  Zip Country		<b>2a. Mailing Address</b>  2318 Crown Centre Dr. Suite, Apt. #, etc.  City & State Charlotte, N.C. Zip 28227 Country USA	
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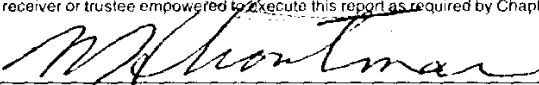
<b>3. Date Organized or Qualified</b> 08/18/1994	<b>3a. State of Formation</b> NC
<b>4. FEI Number</b> 56-1883399	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
<b>5. Date of Last Report</b> 05/04/1998	<b>6. Certificate of Status Desired</b> \$8.75 Additional Fee Required <input type="checkbox"/>

<b>7. Name and Address of Current Registered Agent</b>  SMITH, WALTER J ESQ 25 WALTER MARTIN ROAD FORT WALTON BEACH FL 32548
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<b>8. Name and Address of New Registered Agent/Office</b>  Name Richard Colbert, ESQ Street Address (P.O. Box Number is Not Acceptable) 125 W. Romana Street Suite, Apt. #, etc. Suite 800 City Pensacola Zip Code FL 32501
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<b>9. 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 its 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. I hereby accept the appointment as registered agent, and accept the obligations.</b>  SIGNATURE  (Registered Agent Accepting Appointment) (NOTE: Registered Agent Signature required when record of change) DATE 4-14-99
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10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	TROUTMAN, WILLIAM H	4220 MONTIBELLO DR	CHARLOTTE NC
			280002853348--91 -04/27/99--01057--015 ****188.75 ****188.75

<b>11. I do 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 annual 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; and that my name appears in Block 10, or on an attachment with an address.</b>  SIGNATURE:  4-6-99 704 845-2776
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