2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M9400000074 1. Entity Name US HOSPITALITY VENTURES, LLC, L.C.						FILED 00 JAN 25 PM 2: 46				
						SECRETAR'	Y OF STA	ITE.		
Principal Plac	e of Business	Mailing Address	Mailing Address			TALLAHASS	EE. FLOF	RIDA		
132 MIRACLE STRIP PARKWAY FORT WALTON BEACH FL 32548		2318 CROWN CENTRE DR. CHARLOTTE NC 28227-7704						,		
2. Principal Place of Business 2318 Crown Centre Drive		3. Mailing Address					40 49 50			
Suite, Apt. #, etc. Suite 100		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE						
City & State		City & State		4. FEI N	Number 56-18833		→ + ·	plied For		
Zip	tte, N. C. Country	Zip Country		5. Certi	ificate of Status Desired		\$5.00 Add	ot Applicable ditional		
28227	Mecklenburg 6. Name and Address of Current	Registered Agent	' e	2 44 8 2		e and Address of New		Fee Required Agent	d ·	
				Name						
COLBERT, RICHARD ESQ 125 W. ROMANA STREET, SUITE 800				Street Address	s (P.O. Box Number is Not Acceptable)					
	OLA FL 32501	- · · · · · · ·								
				City			FL	Zip Code	e	
8. The above	named entity submits this statement fo	r the purpose of changing its	registere	d office or regist	ered agent,	or both, in the State of	Florida.			
SIGNATURE .										
	Signature, typed or printed name of registered agent			Agent signature requi		ing)	DATE			
	,	FILE NO Make Check Pay		EE IS \$50.00 Department						
9.	MANAGING MEMBI		10.			ADDITION	S/CHANGES			
TITLE MAME STREET ADDRESS CITY-ST-ZIP	MGRM TROUTMAN, WILLIAM H 4220 MONTIBELLO DR CHARLOTTE NC	☐ Delista		!		200003	;112 7/000	□ Change 442- 010220	□ Addition 1)23	
TITLE MAME STREET ADDRESS CITY-ST-ZIP		☐ Delete				****	#55.00	****** 5	5 - Jah man	
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TITLE MAME STREET ADDRESS CITY-ST-2(P	The old	☐ Delete		l l				Change	Addition	
TITLE MAME STREET ADDRESS CITY-ST-ZIP	,	☐ Delictà		i i				Change	Addition	
11. I hereby of indicated	certify that the information supplied with on this report is true and accurate and	that my signature shall have t	the exen	nption stated in l legal effect as if	rmade unde	ir oath; that I am a mar	s. I further cer aging memb	 rtify that the ir er or manage	— nformation er of the	

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER