


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

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|--|---------------------------|--|---|---|--|
| LIMITED LIABILITY COMPANY ANNUAL REPORT 1999 | |  FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS | | FILED 99 MAR 15 AM 10:44 SECRETARY OF STATE TALLAHASSEE, FLORIDA | |
| FILING FEE \$ 188.75 | | Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE | | | |
| 1. Name and Mailing Address of Limited Liability Company DOCUMENT # M95000000223 INNS OF AMERICA, B.B., L.L.C., L.C. 755 RAINTREE SUITE 200 CARLSBAD CA 92009 | | 1a. Principal Place of Business Address 7051 SEACREST BL LANTANA FL 33462 | | | |
| 2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country | | 2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country | | 3. Date Organized or Qualified 07/27/1995 4. FEI Number 33-0669261 5. Date of Last Report 03/16/1998 | |
| | | | | 3a. State of Formation DE <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable | |
| | | | | 6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/> | |
| 7. Name and Address of Current Registered Agent GRAY, DWAYNE C/O GREENSPOON, MARDER 135 W. CENTRAL BLVD., #1100 ORLANDO FL 32801 | | | 8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code | | |
| 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. | | | | | |
| SIGNATURE _____ | | | DATE _____ | | |
| <small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when filing through)</small> | | | | | |
| 10. Title | Managing Members/Managers | Business Street Address | | City, State and Zip Code | |
| MGR | HERRICK, WILLIAM C | 755 RAINTREE, STE. 200 | | CARLSBAD CA | |
| | | | | 7000002810047-4 03/23/99-01036-008 ****188.75 ****188.75 5- 3-19-99 | |

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.

SIGNATURE: 

SIGNATURE AND TYPE OF PRINTED NAME OF SIGNER (MANAGING MEMBER INFORMATION)

Date

Signature State