


File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>FILING FEE</b> Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee <b>\$ 188.75</b> Make Check Payable To: FLORIDA DEPARTMENT OF STATE		<b>DOCUMENT #</b> M96000000008	
1. Name and Mailing Address of Limited Liability Company  JACKSONVILLE AIRPORT HOTELS, LLC P.O. BOX 16807 JACKSON MS 39236		1a. Principal Place of Business Address  1000 RED FERN PLACE FLOWOOD MS 39208	
2. Principal Place of Business	2a. Mailing Address	3. Date Organized or Qualified	3a. State of Formation
Suite, Apt. #, etc.	Suite, Apt. #, etc.	01/03/1996	MS
City & State	City & State	4. FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip	Country	64-0869378	
Zip	Country	5. Date of Last Report	6. Certificate of Status Desired
		03/10/1997	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
7. Name and Address of Current Registered Agent		8. Name and Address of New Registered Agent/Office	
NORRIS, JOHN E 201 N. MARION ST., STE 301 LAKE CITY FL 32056		Name Street Address (P.O. Box Number is Not Acceptable) 200002483142 Suite, Apt. #, etc. -04/08/98 -- 01101 -- 020 City ****188.75 ****188.75 FL	
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 _____	
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)			
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	STURDIVANT, MIKE P	DUE WEST ROAD	GLENDORA MS
MGR	STURDIVANT, GAINES P	1000 RED FERN PLACE	FLOWOOD MS
MGR	JONES, EARLE F	1000 RED FERN PLACE	FLOWOOD MS
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: <u>Earle F. Jones, Manager</u>		3/26/98 601/936-3666 XT 128	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER		Date Daytime Phone #	