## FILE NOW: Fee after May 1, will be \$588.75

FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY Sandra B. Mortham ANNUAL REPORT Secretary of State 1997 97 APR 28 AM 9: 46 **DIVISION OF CORPORATIONS** FILING FEE Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee SECRETARY OF STATE Make Check Payable To: FLORIDA DEPARTMENT OF STATE \$ 203.75 TALLAHASSEE, FLORIDA Name and Mailing Address of Limited Liability Company **DOCUMENT #**496000000012 1a. Principal Place of Business Address MOTELS OF AMERICA, I.L.C. .701 LEE STREET, SUKTE 1000 DES PLAINES IL 60016 701 LEE STREET, SUKTE 1000 DES PLAINES IL 60016 If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a 2 Principal Place of Business 2a. Malling Address 3. Date Organized or Qualified 3a. State of Formation 01/08/1996 ĎΕ Suite, Apt. #, etc. Suite, Apt. #. etc. 4. FEI Number Applied For City & State City & State Not Applicable 6. Certificate of Status Desired Country Country Zıp C25 Additional Fee Required 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent Name T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD Street Address (P.O. Box Number is Not Acceptable) PLANTATION FL 33324 <del>05/07/97--01108--0</del>03 Suite, Apl. #, etc. City 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. 800002170068--9 PARP05/07/97--01108--004 SIGNATURE (Registered Agent Accepting Appointment) [NOTE: Registered Agent signature required when reinstating) City, State and Zip Code 10. Title Managing Members/Managers **Business Street Address** MGRM MOTELS OF AMERICA, INC 101 LEE STREET, SUKTE 1000 DES PLAINES IL MARIN MON THIESTOR CORP 701 LEE STREET, SUITE 1000 DES PLAINCS. TL IMEM MOA MEMBERSHIP CORP 701 LÉE STREET, SUITE 1000 DES PLAINES, FL.

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), Fiorida Statutes. If urther 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

MOD INVESTOR CORP

Secretary

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attachment with an address.

SIGNATURE: