FL Dept. of State

FILED

03 SEP -2 AM 9:25

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M96000000200

1. Entity Name
SOJOURN ASSOCIATES, LLC

Principal Place of Business
621 LYNNHAVEN PARKWAY, SUITE 351
VIRGINIA BEACH, VA 23452

Mailing Address
621 LYNNHAVEN PARKWAY, SUITE 351
VIRGINIA BEACH, VA 23452

2. Principal Place of Business: Comfort Inn, NAS/C
Suite, Apt. #, etc.
City & State: Pensacola, FL
Zip: 32506 Country: USA

3. Mailing Address: 3 New Warrington Rd
Suite, Apt. #, etc.
City & State
Zip Country

9/2 ☒ CHECK HERE IF MAKING CHANGES

4. FEI Number ~~54-2020074~~ 54-1494012 Applied For / Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
BURRESS, SHERRY M
3 NEW WARRINGTON ROAD
PENSACOLA, FL 32506

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR SOJOURN LODGING, INC. #250 621 LYNNHAVEN PKWY., ~~#264~~ % GEORGE HARWIN VIRGINIA BEACH, VA 23452 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Suite 250 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	700022700275 09/02/03--01069--002 **50.00 ☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E083 (10/02)

11. I 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 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.

SIGNATURE: Belinda H. Lindsey 8/25/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #