File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY FILED Katherine Harris **ANNUAL REPORT** Secretary of State 00 MAR 29 PH 5: 00 1999 DIVISION OF CORPORATIONS FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee STORELAND OF STATE \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Mailing Address of Limited Liability Company **DOCUMENT** # M96000000412 1a. Principal Place of Business Address FOUNTAIN INN ASSOCIATES, L.L.C. 250 SIXTH AVENUE S. 250 SIXTH AVENUE S. ST PETERSBURG FL 33701 ST PETERSBURG FL 33701 2 Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified 3a. State of Formation 10/18/1996 MI Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 59-2054240 Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Country Country \$8.75 Additional Fee Required 03/30/1998 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office Name SWALLOW, JAN 250 - 6TH AVENUE SOUTH Street Address (P.O. Box Number is Not Acceptable) ST PETERSBURG FL 33701 Suite, Ant. #, etc. 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. Thereby accept the appointment as registered agent, and accept the obligations SIGNATURE ((NOTE: Registered Agent signature required when remaining) Managing Members/Managers 10. Title **Business Street Address** MGR ST. PETE PROPERTIES, I 250 - 6TH AVENUE SOUTH ST PETERSBURG FL 640002832256----04/07/99--01077--020 ****188,75 ****188.75 11 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 SIGNATURE: SIGNATURE AND TYPED OF PER NEED NAME OF SIGNIPS MANAGING I

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