

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

LIMITED LIABILITY COMPANY - ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILED

97 APR -7 AM 8:45

FILING FEE \$ 203.75	Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE
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1. Name and Mailing Address of Limited Liability Company
DOCUMENT # 196000000424

CROSSROADS/MEMPHIS COMPANY, L.L.C.
FOSTER PLAZA X
680 ANDERSEN DRIVE
PITTSBURGH PA 15220

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1a. Principal Place of Business Address

FOSTER PLAZA X
680 ANDERSEN DRIVE
PITTSBURGH PA 15220

MWB

2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	3a. State of Formation
Suite, Apt. #, etc.		Suite, Apt. #, etc.		10/29/1996	DE
City & State		City & State		4. FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country	25-1800010	5. Date of Last Report
7. Name and Address of Current Registered Agent				6. Certificate of Status Desired	

7. Name and Address of Current Registered Agent

CORPORATION SERVICE , COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

8. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number Is Not Acceptable)

Suite, Apt. #, etc. **200002137652--8**
-04/09/97--01048--008

City **FL** Zip Code **32103, 75**

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
MGRM	CROSSROADS HOSPITALITY	FOSTER PLAZA X, 680 ANDERS	PITTSBURGH PA
MGRM	IHC MEMBER CORPORATI,	FOSTER PLAZA X, 680 ANDERS	PITTSBURGH PA

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: *William Richard* **3/31/97** **(407) 937-0600**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #