## 2002 UNIFORM BUSINESS REPORT (UBR)

## Apr 04, 2002 8:00 am Secretary of State DOCUMENT # M9700000012 1. Entity Name 04-04-2002 90008 036 \*\*\*\*55.00 MHI HOTELS, L.L.C. Mailing Address Principal Place of Business 814 CAPITOL LANDING ROAD 6411 IVY LANE, SUITE 510 WILLIAMSBURG VA 23185 GREENBELT MD 20770 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 52-1962873 Not Applicable Country \$5.00 Additional Zip Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code City FI 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. 9. Addition ☐ Change MGR ☐ Delete TITLE TITI F SIMS. ANDREW M NAME STREET ADDRESS STREET ADDRESS 814 CAPITOL LANDING ROAD CITY-ST-ZIP CITY-ST-ZIP WILLIAMSBURG FL 23185 ☐ Change Addition ☐ Delete TITI F MEM TITLE NAME ZAISER, WILLIAM NAME STREET ADDRESS STREET ADDRESS 6411 IVY LANE, #510 CITY-ST-ZIP CITY-ST-ZIP **GREENBELT MD 20770** ☐ Change ☐ Addition MEM ☐ Delete TITLE TITLE SIMS, KIM NAME NAME STREET ADDRESS STREET ADDRESS 6411 IVY LANE, #512) CITY-ST-7IP CITY-ST-ZIP **GREENBELT MD 20770** ☐ Change ☐ Addition ☐ Delete TITLE TITI F MEM SIMS, KIM NAME NAME STREET ADDRESS STREET ADDRESS 6411 IVY LAND. #519 CITY-ST-ZIP CITY-ST-ZIP **GREENBELT MD 20770** ☐ Change ☐ Addition TITL F MEM ☐ Delete **BLACK, JOHN** NAME STREET ADDRESS STREET ADDRESS 6411 IVY LANE, #510 CITY-ST-ZIP CITY-S™ZIP **GREENBELT MD 20770** Change Addition MEM ☐ Delete TITLE SMITH, STEVEN NAME NAME STREET ADDRESS STREET ADDRESS 6411 IVY LANE, #5120

FILED

SIGNATURE: ZÃO REPRESENTATIVE

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.

CITY-ST-ZIP

CITY-ST-ZIP

**GREENBELT MD 20770**