## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# M9700000012

Entity Name: MHI HOTELS, L.L.C.

Title:

Name:

Address:

City-St-Zip:

MEM

SMITH, STEVEN

6411 IVY LANE, #512

GREENBELT, MD 20770

(X) Delete

FILED Jul 19, 2004 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 814 CAPITOL LANDING ROAD WILLIAMSBURG, VA 23185 **Current Mailing Address: New Mailing Address:** 6411 IVY LANE, SUITE 510 GREENBELT, MD 20770 FEI Number: 52-1962873 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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. SIGNATURE: Electronic Signature of Registered Agent Date **MANAGING MEMBERS/MEMBERS: ADDITIONS/CHANGES:** MGR () Change () Addition () Delete SIMS. ANDREW M Name: Name: 814 CAPITOL LANDING ROAD Address: Address: City-St-Zip: WILLIAMSBURG, FL 23185 City-St-Zip: Title: MEM (X) Delete Title: () Change () Addition Name: ZAISER, WILLIAM Name: Address: 6411 IVY LANE, #512 Address: City-St-Zip: GREENBELT, MD 20770 City-St-Zip: Title: MEM (X) Delete Title: () Change () Addition SIMS, KIM Name: Name: 6411 IVY LANE, #512 Address: Address: City-St-Zip: GREENBELT, MD 20770 City-St-Zip: Title: MEM (X) Delete Title: () Change () Addition Name: SIMS, KIM Name: 6411 IVY LAND, #512 Address: Address: City-St-Zip: GREENBELT, MD 20770 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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.

Title:

Name:

Address:

City-St-Zip:

() Change () Addition

SIGNATURE: ANDREW SIMS MGR 07/19/2004