

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 21, 2003 8:00 am**  
**Secretary of State**

03-21-2003 90031 003 \*\*\*\*55.00

DOCUMENT # M97000000012

1. Entity Name

MHI HOTELS, L.L.C.



Principal Place of Business

814 CAPITOL LANDING ROAD  
WILLIAMSBURG VA 23185

Mailing Address

6411 IVY LANE, SUITE 510  
GREENBELT MD 20770

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 52-1962873

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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

**FILE NOW!!! FEE IS \$50.00**  
**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	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	MGR						
	SIMS, ANDREW M	814 CAPITOL LANDING ROAD	WILLIAMSBURG FL 23185				
	MEM						
	ZAISER, WILLIAM	6411 IVY LANE, #512	GREENBELT MD 20770				
	MEM						
	SIMS, KIM	6411 IVY LANE, #512	GREENBELT MD 20770				
	MEM						
	SIMS, KIM	6411 IVY LAND, #512	GREENBELT MD 20770				
	MEM						
	BLACK, JOHN	6411 IVY LANE, #512	GREENBELT MD 20770				
	MEM						
	SMITH, STEVEN	6411 IVY LANE, #512	GREENBELT MD 20770				

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (10/02)