

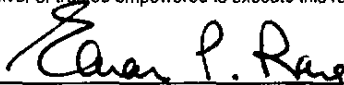


File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS		FILED 98 MAR 19 PM 3:30 SECRETARY OF STATE	
FILING FEE \$ 188.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company		DOCUMENT # M97000000226		1a. Principal Place of Business Address	
JHM PERIMETER HOTEL, LLC 880 SOUTH PLEASANTBURG DRIVE GREENVILLE SC 29607				880 SOUTH PLEASANTBURG DRIVE GREENVILLE SC 29607	
2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	
Suite, Apt. #, etc. Ste 3G		Po Box 8375		04/28/1997	
City & State		City & State		3a. State of Formation	
Zip		Zip		GA	
Country		Country		4. FEI Number	
		Greenville SC		57-1001804	
		29604		5. Date of Last Report	
				6. Certificate of Status Desired	
				5a. Additional Fee Required <input checked="" type="checkbox"/>	
7. Name and Address of Current Registered Agent				8. Name and Address of New Registered Agent/Office	
CUROTTO, DONALD 105 E. ROBINSON, SUITE 201 ORLANDO FL 32801				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				Suite, Apt. #, etc.	
				City	
				700002464317--6 -03/20/98--01127--014 ***188.75 ***188.75 FL	
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	RAMA, HASMUKH P	880 SOUTH PLEASANTBURG DRI		GREENVILLE SC	
MGRM	RAMA, JAYANTI P	880 SOUTH PLEASANTBURG DRI		GREENVILLE SC	
MGRM	RAMA, DENU P	880 SOUTH PLEASANTBURG DRI		GREENVILLE SC	
MGRM	RAMA, MANHAR P	880 SOUTH PLEASANTBURG DRI		GREENVILLE SC	
MGRM	RAMA, RAMAN P	880 SOUTH PLEASANTBURG DRI		GREENVILLE SC	
					
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: 		02/28/98 864 2329944			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER		Date		Daytime Phone #	