2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M97000000555

FILED
01 MAY -1 PM 5:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name

SARASOTA PRIME HOTELS, LC

Principal Place of Business	Mailing Address

2. Principal Place of Business	3. Mailing Address
3424 Peachtree Rd., NE	Attn: Gail Knight 3424 Peachtree Rd., NE
Suite, Apt. #, etc. Suite 800	Suite, Apt. #, etc. Suite 800
City & State Atlanta, GA	City & State Atlanta, GA
Zip / Country 30326 / USA	Zip / Country 30326 / USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 58-2337018 ☐ 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
CT 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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILING FEE IS $50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS		10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Pres/Manager Vincent L. Crowell 3424 Peachtree Rd., NE, Ste. 800 Atlanta, GA 30326 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 000004274960--5 -05/21/01--01190--004 *****50.00 *****50.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPS Thomas A. McKean 3424 Peachtree Rd., NE, Ste. 800 Atlanta, GA 30326 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPT Allison S. Turner 3424 Peachtree Rd., NE, Ste. 800 Atlanta, GA 30326 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS Debbie J. Newmark 3424 Peachtree Rd., NE, Ste. 800 Atlanta, GA 30326 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E083 (11/00)

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: Debbie J. Newmark Debbie J. Newmark 04/25/01 404-848-8600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #