


<b>LIMITED LIABILITY COMPANY</b> <b>ANNUAL REPORT</b> <b>1999</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS		<b>FILED</b> <b>SECRETARY OF STATE</b> <b>DIVISION OF CORPORATIONS</b> <b>99 APR -5 AM 11:28</b>	
<b>FILING FEE \$ 188.75</b>		<b>Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee</b> <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>			
<b>1. Name and Mailing Address of Limited Liability Company</b>  <b>KOZA MOTEL INVESTMENTS L.L.C.</b> <b>DBA/ECONO LODGE</b> <b>4311 W. HIGHWAY 192</b> <b>KISSIMMEE FL 34746</b>		<b>DOCUMENT # M97000000603</b>  <i>44-AR CM</i>		<b>1a. Principal Place of Business Address</b>  <b>DBA/ECONO LODGE</b> <b>4311 W. HIGHWAY 192</b> <b>KISSIMMEE FL 34746</b>	
<b>2. Principal Place of Business</b>  Suite, Apt. #, etc.  City & State  Zip Country		<b>2a. Mailing Address</b>  Suite, Apt. #, etc.  City & State  Zip Country		<b>3. Date Organized or Qualified</b> <b>09/17/1997</b> <b>4. FEI Number</b> <b>86-0799998</b> <b>5. Date of Last Report</b> <b>04/06/1998</b>	
				<b>3a. State of Formation</b> <b>AZ</b> <b>6. Certificate of Status Desired</b> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable <b>\$8.75 Additional Fee Required</b> <input type="checkbox"/>	
<b>7. Name and Address of Current Registered Agent</b>  <b>KOZA, PETER</b> <b>4311 W. HWY 192</b> <b>KISSIMMEE FL 34746</b>			<b>8. Name and Address of New Registered Agent/Office</b>  Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City  <b>4000002840554-2</b> <b>-04/15/99-01093-009</b> <b>****188.75****188.75</b> <b>FL</b>		
<b>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.</b>					
<b>SIGNATURE</b> _____ <b>DATE</b> _____ <small>(If Registered Agent Accepts Appointment, (BOTH) Registered Agent signature required at time of filing)</small>					
<b>10. Title</b>	<b>Managing Members/Managers</b>	<b>Business Street Address</b>		<b>City, State and Zip Code</b>	
<b>MGR</b>	<b>KOZA, PETER</b>	<b>4311 W. HWY 192</b>		<b>KISSIMMEE FL</b>	
<b>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</b>					
<b>SIGNATURE:</b> _____ <b>3-30-99</b>					