## 2003 LIMITED LIABILITY COMPANY **UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT # M9800000003



FILED Apr 23, 2003 8:00 am Secretary of State

	NVILLE AIRPORT HOTELS III,	LLC			04-23-2003 90235 0	.23 30	.00
Principal Plac	ce of Business	Mailing Address		_			
1000 RED FER FLOWOOD MS		PO BOX 320009 FLOWOOD MS 39232					
				1   1   1   1   1   1   1   1   1   1	18 50186 1850 8000 <b>10</b> 00 8000 <b>60</b> 00		CIRE HILL HODI
2. Principal Place of Business		3. Mailing Address	3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES			
City & Sta	ate	City & State	<del></del>	4. FEI Number	64-0887443	<b>├</b> ─	pplied For ot Applicable
Zip	Country	Zip	Country	5. Certificate of	f Status Desired	\$5.00 Ad Fee Require	Iditional
	6. Name and Address of Curren	t Registered Agent	`	7. Name and	Address of New Registered	Agent	
MODELO TOTAL E COO			Name				
NORRIS, JOHN E ESQ 201 N MARION STREET, SUITE 301		Street Addres	Street Address (P.O. Box Number is Not Acceptable)				
LAK	KE CITY FL 32055						
			City		F	Zip Cod	ie
	e named entity submits this statement f tions of registered agent.	or the purpose of changing its	registered office or regis	stered agent, or both	, in the State of Florida. I an	n familiar with,	and accept
					<u></u>		
	Signature, typed or printed name of registered agen	t and title if applicable. (NOT	E: Registered Agent signature requ	uired when reinstating)	DATE		
	Signature, typed or printed name of registered agen	FILE NO Make Check Payab	DW!!! FEE IS \$50.0 le to Florida Departre By May 1, 2003	0	DATE	-	
9.	Signature, typed or printed name of registered agen	FILE NO Make Check Payabl Due	OW!!! FEE IS \$50.0 le to Florida Departr	0	ADDITIONS/CHANGE		. ,
9. TITLE	Signature, typed or printed name of registered agen	FILE NO Make Check Payabl Due	DW!!! FEE IS \$50.0 le to Florida Departr e By May 1, 2003	0	·		· Addition
	Signature, typed or printed name of registered agen	FILE NO Make Check Payable Due	DW!!! FEE IS \$50.0 le to Florida Departr e By May 1, 2003	0	·	s	. Addition
TITLE NAME STREET ADDRESS	MANAGING MEMB  MGR  STURDIVANT, MIKE P  P.O. BOX 230 N/A	FILE NO Make Check Payable Due	DW!!! FEE IS \$50.0 le to Florida Departre By May 1, 2003  10.  TITLE  NAME  STREET ADDRESS	0	·	s	. Addition
TITLE NAME	MANAGING MEMB  MGR  STURDIVANT, MIKE P  P.O. BOX 230 N/A  GLENDORA MS 38928	FILE NO Make Check Payable During ERS/MANAGERS	DW!!! FEE IS \$50.0 le to Florida Departre By May 1, 2003	0	·	s	
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11. I hereby certify that the information supplied with this filling 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.

TITLE NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

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

☐ Delete

☐ Delete

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Addition

☐ Addition