


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
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 # M98000000203 TALLAHASSEE CABOT LODGE, LLC 1000 RED FERN PLACE FLOWOOD MS 39208		1a. Principal Place of Business Address 1000 RED FERN PLACE FLOWOOD MS 39208	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country	
3. Date Organized or Qualified 02/25/1998		3a. State of Formation TN	
4. FEI Number 64-0700606		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Date of Last Report		6. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent NORRIS, JOHN E 201 N. MARION STREET, SUITE 301 LAKE CITY FL 32055		8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City <div style="text-align: right;"> 700002831457 04/06/99-01092-001 ****188.75 ****188.75 FL </div>	
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 _____ <small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when not filing)</small>		DATE _____	
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	STURDIVANT, MIKE P	DUE WEST ROAD	GLENDORA MS
MGR	STURDIVANT, GAINES P	1000 RED FERN PLACE	FLOWOOD MS
MGR	JONES, EARLE F	1000 RED FERN PLACE	FLOWOOD MS
<div style="position: relative;"> <div style="position: absolute; left: 10px; bottom: 10px; font-size: 2em;">}</div> <div style="position: absolute; right: 10px; bottom: 10px;">dec</div> </div>			
11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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: <i>Gaines P. Sturdivant</i> 3/24/99 (601) 936-3666 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER</small>			