


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
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FILED
 99 MAR 10 AM 10:56
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

FILING FEE \$ 188.75	Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE
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1. Name and Mailing Address of Limited Liability Company DOCUMENT # M98000000458 LAT. HOTEL CONSULT & MANAGEMENT LLC 3708 EXECUTIVE DRIVE PALM HARBOR FL 34685

1a. Principal Place of Business Address 3708 EXECUTIVE DRIVE PALM HARBOR FL 34685


2. Principal Place of Business LAT HOTEL CONSULT MAN. Suite, Apt. #, etc. 3708 EXECUTIVE DRIVE City & State PALM HARBOR Zip 34685	2a. Mailing Address LAT HOTEL CONSULT MAN. Suite, Apt. #, etc. 3708 EXECUTIVE DRIVE City & State PALM HARBOR Zip 34685	3. Date Organized or Qualified 03/04/1998	3a. State of Formation DE
4. FEI Number <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable		5. Date of Last Report	
6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>			

7. Name and Address of Current Registered Agent WOLFE, LARRY 200 - A JOHN KNOX ROAD TALLAHASSEE FL 32303

8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code


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 removing)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	DAHINDEN, MAX	3708 EXECUTIVE DRIVE	PALM HARBOR FL
MGR	DAHINDEN, JOHANNA	3708 EXECUTIVE DRIVE	PALM HARBOR FL
			

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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:  3-3-99 727 7165376
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGER OR MEMBER OF MANAGING