File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. FILED FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY **Katherine Harris** 99 MAR 22 AM 8:00 ANNUAL REPORT Secretary of State 1999 **DIVISION OF CORPORATIONS** FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Mailing Address
of Limited Liability Company **DOCUMENT # M98000000515** 1a. Principal Place of Business Address CSM LODGING, L.L.C. 2575 UNIVERSITY AVENUE WEST, SUITE 150 2575 UNIVERSITY AVENUE WEST, ST. PAUL MN 55114 ST. PAUL MN 55114 2 Principal Place of Business 3. Date Organized or Qualified 3a. State of Formation 2a. Mailing Address 05/22/1998 DE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For *SUITE 150* City & State City & State 93-1212204 Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Žiρ Zip Country Country \$8.75 Additional Fee Required 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD Street Address (P.O. Box Number is Not Acceptable) PLANTATION FL 33324 Suite, Apt. #, etc. 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 revisit it is 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code CSM PROPERTIES, INC. 2575 UNIVERSITY AVENUE WES MGRM ST PAUL MN 55114 SUITE 150 7d0002828357----n4z02z99--01090--021 ****188.75 ****188.79 11. Ido hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i). Florida Statutes | Hurther 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. PH# (651) 646-1717 JAMES OTTENSTEIN, VP OF CSM PROPERTIES, INC. 2/24/99 SIGNATURE:

HE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER.

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