


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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
FEB 17 1999
99 APR -1 AM 8:32

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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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 ST. JOHNS BLUFF LODGING, LLC 114 W. 12TH STREET, SUITE D TIFTON GA 31794	DOCUMENT # M98000000873
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1a. Principal Place of Business Address 114 W. 12TH STREET, SUITE D TIFTON GA 31794

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	2a. Mailing Address P.O. DRAWER 1905 Suite, Apt. #, etc. City & State TIFTON, GA Zip 31793 Country USA
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3. Date Organized or Qualified 08/12/1998	3a. State of Formation GA
4. FEI Number 58-2374196	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Date of Last Report	6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>

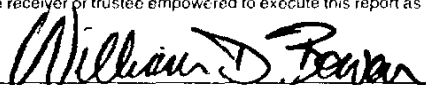
7. Name and Address of Current Registered Agent HOLBROOK, AKEL, COLD, STIEFEL & RAY, ONE INDEPENDENT DRIVE, SUITE 2301 JACKSONVILLE FL 32202

8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) 700002838337--3 Suite, Apt. #, etc -04/14/99--01005--009 ****188.75 ****188.75 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 _____
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10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	BOWEN, WILLIAM D	45 EAGLE DR.	TIFTON GA
MGRM	LA HOOD, GEORGE J JR.	RT 1 BOX 425	VALDOSTA GA

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:  WILLIAM D. BOWEN