

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 APR 27 PM 1:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M98000001085

1. Entity Name

LAKE DESTINY HOTEL INVESTORS, L.L.C.

Principal Place of Business

6141 WALNUT GROVE ROAD, SUITE 200
MEMPHIS TN 38120

Mailing Address

6141 WALNUT GROVE ROAD, SUITE 200
MEMPHIS TN 38120-2113

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

866 Ridgeway Loop

City & State

Suite 150
Memphis, TN 38120

Zip

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number

62-1753388

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

400003249594--3
-05/12/00--01010--012
*****50.00 *****50.00

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

9. MANAGING MEMBERS / MEMBERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR PROSTERMAN, GARY J 6141 WALNUT GROVE ROAD, SUITE 200 MEMPHIS TN 38120	TITLE NAME STREET ADDRESS CITY - ST - ZIP	866 Ridgeway Loop Suite 150 Memphis, TN 38120
	<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I 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 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.

SIGNATURE:

Gary Prosterman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

2/2/00

Daytime Phone #

201-747-3946

CR2E083 (9/99)