


2<sup>nd</sup> and File on or before Sept. 29, 1999 or Limited Liability Company  
FINAL NOTICE: will be dissolved.

|                                                    |                                                                                   |                                                                                                   |
|----------------------------------------------------|-----------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|
| LIMITED LIABILITY COMPANY<br>ANNUAL REPORT<br>1999 |  | FLORIDA DEPARTMENT OF STATE<br>Katherine Harris<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|----------------------------------------------------|-----------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|

|                         |                                                                                                                                         |
|-------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|
| FILING FEE<br>\$ 588.75 | Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee + \$400.00 Late Fee<br>Make Check Payable To: FLORIDA DEPARTMENT OF STATE |
|-------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|

|                                                          |                         |
|----------------------------------------------------------|-------------------------|
| Name and Mailing Address<br>of Limited Liability Company | DOCUMENT # M98000001250 |
|----------------------------------------------------------|-------------------------|

LODGING OG L.L.C.  
410 SEVERN AVENUE, SUITE 314  
ANNAPOLIS MD 21403

FILED  
99 AUG 30 PM 3:32  
6/9/3  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

|                                                                                               |
|-----------------------------------------------------------------------------------------------|
| 1a. Principal Place of Business Address<br>410 SEVERN AVENUE, SUITE 314<br>ANNAPOLIS MD 21403 |
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|                                                                                         |                                                                              |                                                                                                                             |                                                                                                                                                                                 |
|-----------------------------------------------------------------------------------------|------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 2. Principal Place of Business<br>Suite, Apt. #, etc.<br>City & State<br>Zip<br>Country | 2a. Mailing Address<br>Suite, Apt. #, etc.<br>City & State<br>Zip<br>Country | 3. Date Organized or Qualified<br>10/23/1998<br>4. FEI Number<br>52-2129812<br>APPLIED FOR<br>5. Date of Last Report<br>N/A | 3a. State of Formation<br>DE<br><input type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable<br>6. Certificate of Status Desired<br><input type="checkbox"/> |
|-----------------------------------------------------------------------------------------|------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                 |                                                                                                                                                                                                                                    |
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| 7. Name and Address of Current Registered Agent<br>C T CORPORATION SYSTEM<br>1200 SOUTH PINE ISLAND ROAD<br>PLANTATION FL 33324 | 8. Name and Address of New Registered Agent/Office<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>200002982992--4<br>Suite, Apt. #, etc.<br>09/09/99-01079-005<br>***1177.50 ***588.75<br>City<br>FL<br>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 reinstating)

| 10. Title | Managing Members/Managers | Business Street Address      | City, State and Zip Code |
|-----------|---------------------------|------------------------------|--------------------------|
| MGR       | LODGING OPPORTUNITIES     | 410 SEVERN AVENUE, SUITE 314 | ANNAPOLIS MD             |
| MGR       | Lodging OG Corporation    | 410 SEVERN AVENUE, SUITE 314 | ANNAPOLIS MD             |
|           | LOG CORPORATION           | 410 SEVERN AVENUE, SUITE 314 | ANNAPOLIS MD             |

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: David J. Weymer David J. Weymer, Vice President (410)268-0515  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #