

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2002 8:00 am
Secretary of State

04-25-2002 90002 003 ****50.00

DOCUMENT # M98000001250

1. Entity Name

LODGING OG L.L.C.



Principal Place of Business

**410 SEVERN AVENUE, SUITE 314
 ANNAPOLIS MD 21403**

Mailing Address

**410 SEVERN AVENUE, SUITE 314
 ANNAPOLIS MD 21403**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **52-2129812**

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

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

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
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Delete
 NAME **LODGING OPPORTUNITIES FUND, L.P.**
 STREET ADDRESS **410 SEVERN AVENUE, SUITE 314**
 CITY-ST-ZIP **ANNAPOLIS MD 21403**

TITLE **MGR** ☐ Change ☒ Addition
 NAME **LODGING OM L.L.C.**
 STREET ADDRESS **410 SEVERN AVE., SUITE 314**
 CITY-ST-ZIP **ANNAPOLIS, M.D. 21403**

TITLE **MGR** ☐ Delete
 NAME **LOG CORPORATION**
 STREET ADDRESS **410 SEVERN AVENUE, SUITE 314**
 CITY-ST-ZIP **ANNAPOLIS MD 21403**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

David J. Weymer

SIGNATURE REQUIRED

DAVID J. WEYMER

Date

4/5/02

Daytime Phone #

410-268-0515

CR2E083 (9/01)