

**2002 UNIFORM BUSINESS REPORT (UBR)**

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

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

0044852

**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**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **52-2129812**

Applied For  
Not Applicable

Zip Country

Zip Country

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

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

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

TITLE NAME  Change  Addition

TITLE NAME  Delete

TITLE NAME  Change  Addition

TITLE NAME  Delete

TITLE NAME  Change  Addition

TITLE NAME  Delete

TITLE NAME  Change  Addition

TITLE NAME  Delete

TITLE NAME  Change  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:** *David J. Weymer* **REQUIRED** **DAVID J. WEYMER** 4/5/02 410-268-0515  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (9/01)