


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 10, 2004 08:00 AM
Secretary of State

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| DOCUMENT # M99000000086 |  |
| 1. Entity Name ORLANDO HOTEL INVESTORS, LLC | |

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| Principal Place of Business 13 CORPORATE SQUARE, SUITE 250 ATLANTA, GA 30329 | Mailing Address 13 CORPORATE SQUARE, SUITE 250 ATLANTA, GA 30329 |
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DO NOT WRITE IN THIS SPACE



01122004No Chg-LLC CR2E083 (10/03)

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| 4. FEI Number 58-2440565 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |

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| 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 | DO NOT WRITE IN THIS SPACE |
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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. I am familiar with, and accept the obligations of registered agent.

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| SIGNATURE <small>Signature, typed or printed name of registered agent and title if applicable</small> | <small>(NOTE: Registered Agent signature required when reinstating)</small> | DATE |
|--|---|------|

**Filing Fee is \$50.00
Due by May 1, 2004**

| 9. MANAGING MEMBERS/MANAGERS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR CONSTELLATION ORLANDO HOLDINGS, LLC 13 CORPORATE SQUARE, SUITE 250 ATLANTA, GA 30329 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P LEVEN, MIKE 13 CORPORATE SQUARE SUITE 250 ATLANTA, GA 30329 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V ARONSON, STEPHEN D 13 CORPORATE SQUARE SUITE 250 ATLANTA, GA 30329 |
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03/10/04-80064-005 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 606, Florida Statutes.

| | | |
|---|--------------|-------------------------------|
| SIGNATURE:  | DATE: 3/4/04 | DAYTIME PHONE #: 404-231-5812 |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small> | | |