

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000039387

FILED  
Mar 29, 2007  
Secretary of State

Entity Name: SAVANNAH HOTEL ASSOCIATES, LLC

**Current Principal Place of Business:**

52 RILEY ROAD  
SUITE 367  
CELEBRATION, FL 34747 US

**New Principal Place of Business:**

**Current Mailing Address:**

52 RILEY ROAD  
SUITE 367  
CELEBRATION, FL 34747 US

**New Mailing Address:**

FEI Number: 20-3469358      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KENT RUNNELLS, P.A.  
101 MAIN STREET  
SUITE A  
SAFETY HARBOR, FL 34695 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: KENNETH, FRANKLIN W JR.  
Address: 52 RILEY ROAD, SUITE 367  
City-St-Zip: CELEBRATION, FL 34747 US

Title: MGRM ( ) Delete  
Name: KIRK, KIRKLAND  
Address: 52 RILEY ROAD, SUITE 367  
City-St-Zip: CELEBRATION, FL 34747 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM (X) Change ( ) Addition  
Name: RALPH, KIRKLAND W  
Address: 52 RILEY ROAD, SUITE 367  
City-St-Zip: CELEBRATION, FL 34747 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: RALPH W KIRKLAND

MGRM

03/29/2007

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date