


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 20, 2006 8:00 am**  
**Secretary of State**

04-20-2006 90031 008 \*\*\*\*55.00

**DOCUMENT # L05000045065**

1. Entity Name  
**VILLAGES HOTEL INVESTOR, LLC**



Principal Place of Business  
**880 S. PLEASANTBURG DRIVE, SUITE 3-G  
 GREENVILLE, SC 29607**

Mailing Address  
**1020 LAKE SUMTER LANDING  
 THE VILLAGES, FL 32162**

2. Principal Place of Business  
**60 Pointe Circle**  
 Suite, Apt. #, etc.

3. Mailing Address  
**60 Pointe Circle**  
 Suite, Apt. #, etc.



04142006 Chg-LLC CR2E083 (11/05)

City & State  
**Greenville SC**

City & State  
**Greenville SC**

Zip Country  
**29615 Greenville**      **29615 Greenville**

4. FEI Number  
**87-0753125**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CORPORATION COMPANY OF ORLANDO  
 300 S. ORANGE AVE., SUITE 1000 (DJC)  
 ORLANDO, FL 32801**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00 Due by May 1, 2006**

**Make check payable to Florida Department of State**

| 9. MANAGING MEMBERS / MANAGERS                     |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>Manager<br/>Horizon Hotel, LLC<br/>60 Pointe Circle<br/>Greenville, SC 29615</b> <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete   |

| 10. ADDITIONS / CHANGES                            |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

**HORIZON HOTEL, LLC, a South Carolina limited liability company**

**SIGNATURE: By: Harmonick P. Roman** **407-835-6753**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #