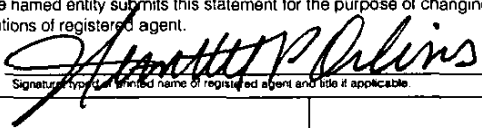
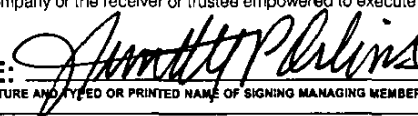


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90345 032 ****55.00

DOCUMENT # L06000003902					
1. Entity Name SAN MARCO HOTEL PARTNERS, L.L.C.					
Principal Place of Business 3767 VICKERS LAKE DRIVE JACKSONVILLE, FL 32224-8430			Mailing Address 3767 VICKERS LAKE DRIVE JACKSONVILLE, FL 32224-8430		
2. Principal Place of Business - No P.O. Box # 4314 Pablo Oaks Ct		3. Mailing Address 4314 Pablo Oaks Ct			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Jacksonville FL		City & State Jacksonville, FL		4. FEI Number 16-1746694	
Zip 32224		Country		5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent FONDE, HENRY B JR 3767 VICKERS LAKE DRIVE JACKSONVILLE, FL 32224-8430		7. Name and Address of New Registered Agent Name Nanette P. Orlins Street Address (P.O. Box Number is Not Acceptable) 4314 Pablo Oaks Ct City Jacksonville FL Zip Code 32224			
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 				DATE 3-26-07	
Filing Fee is \$50.00 Due by May 1, 2007				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM FONDE, HENRY B JR 3767 VICKERS LAKE DRIVE JACKSONVILLE, FL 322248430	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Manager Baymeadows mgmt Corp. 4314 Pablo Oaks Court Jacksonville, FL 32224 ☒ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ 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.					
SIGNATURE: 			Nanette P. Orlins 3/26/07 904-992-3700		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		