

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000039387

FILED
Sep 02, 2008
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 ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

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

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: RALPH, KIRKLAND W
Address: 52 RILEY ROAD, SUITE 367
City-St-Zip: CELEBRATION, FL 34747 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: KENNETH, FRANKLIN W JR.
Address: 5841 AUDUBON MANOR BLVD
City-St-Zip: LITHIA, FL 33547 US

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

I hereby certify that the information supplied with this filing does not qualify 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 KIRKLAND

MGRM

09/02/2008

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