FILED
Mar 29, 2006 08:00 AM
Secretary of State

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L00000001419

1. Entity Name
PEGASUS HOTEL ASSOCIATES, LLC

Principal Place of Business	Mailing Address
1200 N. WESTSHORE BLVD. TAMPA, FL 33607	1200 N. WESTSHORE BLVD. TAMPA, FL 33607

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03212006No Chg-LLC CR2E083 (11/05)

4. FEI Number
59-3623008
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MEYER, GARY D
5803 TOLMAN COURT
TAMPA, FL 33647

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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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	HAMER, WALTER M
STREET ADDRESS	1724 KESTRAL PKWY SOUTH
CITY-ST-ZIP	SARASOTA, FL 34231
TITLE	MGRM
NAME	TOBIN, JAMES R JR.
STREET ADDRESS	33 HUCKLEBERRY HILL
CITY-ST-ZIP	LINCOLN, MA 01773
TITLE	MGRM
NAME	BEANE, S. ROBERT
STREET ADDRESS	117 SUNNYBRANCH ROAD
CITY-ST-ZIP	FAR HILLS, NJ 07931
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: WALTER M. HAMER 3/24/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #