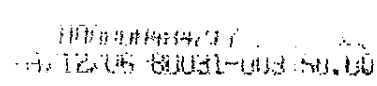


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

DOCUMENT # L00000001419			
1. Entity Name PEGASUS HOTEL ASSOCIATES, LLC			
Principal Place of Business 1200 N. WESTSHORE BLVD. TAMPA, FL 33607	Mailing Address 1200 N. WESTSHORE BLVD. TAMPA, FL 33607		
DO NOT WRITE IN THIS SPACE			
		03212006No Chg-LLC CR2E083 (11/05)	
		4. FEI Number 59-3623Q08	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		DO NOT WRITE IN THIS SPACE	
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 reappointing) DATE _____			
Filing Fee is \$50.00 Due by May 1, 2006			
9. MANAGING MEMBERS/MANAGERS		 DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGRM HAMER, WALTER M 1724 KESTRAL PKWY SOUTH SARASOTA, FL 34231		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGRM TOBIN, JAMES R JR. 33 HUCKLEBERRY HILL LINCOLN, MA 01773		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGRM BEANE, S. ROBERT 117 SUNNYBRANCH ROAD FAR HILLS, NJ 07931		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP			
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 #	