


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 19, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L00000001419</b> 1. Entity Name PEGASUS HOTEL ASSOCIATES, LLC	
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Principal Place of Business 1200 N. WESTSHORE BLVD. TAMPA, FL 33607	Mailing Address 1200 N. WESTSHORE BLVD. TAMPA, FL 33607
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**DO NOT WRITE IN THIS SPACE**



03122007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 59-3623008	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 reinstating) DATE \_\_\_\_\_

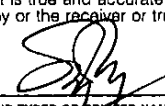
**Filing Fee is \$50.00  
Due by May 1, 2007**

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

U000000672381  
03/28/07-80067-012 50.00

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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:**  \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #