
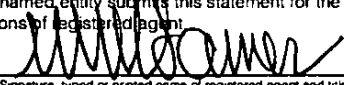


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT


FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90020 041 ***138.75

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	
2. Principal Place of Business - No P.O. Box # 1724 KESTRAL PARK WAY S.		3. Mailing Address 1724 KESTRAL PARK WAY S.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State SARASOTA, FL		City & State SARASOTA, FL	
Zip 34231	Country USA	Zip 34231	Country USA
6. Name and Address of Current Registered Agent MEYER, GARY D 5803 TOLMAN COURT TAMPA, FL 33647		7. Name and Address of New Registered Agent Name WALTER M. HAMER Street Address (P.O. Box Number is Not Acceptable) 1724 KESTRAL PARK WAY S. City SARASOTA FL Zip Code 34231	
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  WALTER M. HAMER DATE 4/22/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HAMER, WALTER M 1724 KESTRAL PKWY SOUTH SARASOTA, FL 34231 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TOBIN, JAMES R JR. 33 HUCKLEBERRY HILL LINCOLN, MA 01773 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BEANE, S. ROBERT 117 SUNNYBRANCH ROAD FAR HILLS, NJ 07931 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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

 **WALTER M. HAMER, MGRM 4/22/08 (941) 926-9325**

600200418



04222008 Chg-LLC CR2E083 (12/06)

4. FEI Number
59-3623008 Applied For
Not Applicable

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