## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L0000007058

Entity Name: ASSUMERE USA, LLC

**FILED** Feb 06, 2006 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

DOUBLETREE GUEST SUITES C/O SMITH, MACKINNON, GREELEY, ETC 4787 W IRLO BRONSON HWY 255 SOUTH ORANGE AVÉNUE, SUITE 800 KISSIMMEE, FL 34746

ORLANDO, FL 32801

**Current Mailing Address: New Mailing Address:** 

DOUBLETREE GUEST SUITES 1926 NORTH JOHN YOUNG PARKWAY

4787 W IRLO BRONSON HWY SUITE 104 KISSIMMEE, FL 34746 KISSIMMEE, FL 34746

FEI Number: 59-3673952 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SOKMENSUER, C. YANKI ESQUIRE C/O SMITH, MACKINNON, GREELEY, ETC 255 SOUTH ORANGE AVÉNUE, SUITE 800 ORLANDO, FL 32801 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: ADDITIONS/CHANGES:

Title: () Change () Addition () Delete

SABO, FERNANDO E Name: Name: Address: 4787 WEST IRLO BRONSON HIGHWAY Address: City-St-Zip: KISSIMMEE, FL 34746 City-St-Zip:

Title: MGR () Delete Title: () Change () Addition

Name: SABO, MIRIAM E Name: Address: 4787 WEST IRLO BRONSON HIGHWAY Address: City-St-Zip: KISSIMMEE, FL 34746 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: FERNANDO E. SABO 02/06/2006