2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

ANNUAL REPORT Feb 12, 2005 08:00 AM **Secretary of State** DOCUMENT # L00000007937 FOUNTAIN INN MANAGEMENT, LLC Principal Place of Business Mailing Address 259 THIRD STREET NORTH 259 THIRD STREET NORTH ST. PETERSBURG, FL 33701 ST. PETERSBURG, FL 33701 02082005 Np Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3689904 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 3014. All ##. WILLIS, ROBERT H JR **DO NOT WRITE** 259 THIRD STREET NORTH ST. PETERSBURG, FL 33701 IN THIS SPACE 1. 14. <u>泛</u>集体表现 通過過少 1. 14. 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) Filing Fee is \$50.00 Due by May 1, 2005 9. MANAGING MEMBERS/MANAGERS TITLE MGR WILLIS, ROBERT H JR NAME man Cathagas Talagas Late 259 THIRD STREET NORTH STREET ADDRESS CITY-ST-ZIP ST. PETERSBURG, FL 33701 TITLE NAME was a fee thinking by delike one of their STREET ADDRESS CITY-ST-ZIP district of the state of the st TITLE and the second second second NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS المراجع المتأثرين CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE:

FILED