


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 13, 2004 8:00 am
Secretary of State

02-13-2004 90073 010 ****50.00

DOCUMENT # L00000008903					
1. Entity Name R & R COMFORT SUITES CLEARWATER BAY, LLC					
Principal Place of Business 1014 SUNNYDALE BLVD. CLEARWATER, FL 33755			Mailing Address 2531 LANDMARK DR., #205 CLEARWATER, FL 33761		
2. Principal Place of Business		3. Mailing Address 444 Seabreeze Blvd Suite 200			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Daytona Beach FL		4. FEI Number 59-3689291	
Zip		Zip 32118		Country	
5. Certificate of Status Desired				Applied For Not Applicable	
6. Name and Address of Current Registered Agent BHULA, RAMAN 1014 SUNNYDALE BLVD. CLEARWATER, FL 33755				7. Name and Address of New Registered Agent Name: Bhoola, Manoj Street Address (P.O. Box Number is Not Acceptable): 444 Seabreeze Blvd Suite 200 City: Daytona Beach FL Zip Code: 32118	
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, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BHULA, RAMAN 1014 SUNNYDALE BLVD. CLEARWATER, FL 33755	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM Ranjana Bhana 444 Seabreeze Blvd Suite 200 Daytona Beach FL 32118	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:			2/4/04 386-255-2572		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		