2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L0000011063

1. Entity Name

WESTON TOWN PLACE SUITES INVESTORS, L.C.



Principal Place of Business

7806 CHARNEY LANE BOCA RATON, FL 33496 Mailing Address

7806 CHARNEY LANE BOCA RATON, FL 33496

FILED Jan 06, 2005 8:00 am Secretary of State

01-06-2005 90005 015 ****50.00

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01042005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 65-1040185 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6	Nama and	Addrose	of Current	Registered	Agent
ο.	Manie and	Address	or Current	negisierea	Agent

SUSI, SAMUEL 7806 CHARNEY LANE BOCA RATON, FL 33496

SIGNATURE:

DO NOT WRITE IN THIS SPACE

1/04/05

(561) 483-2030

the obligations of registered agent.						
SIGNATURE_	Signature, typed or printed name of registered agent and title it applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE			
Filing Fee is \$50.00 Due by May 1, 2005						
9.	MANAGING MEMBERS/MANAGERS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SUSI, SAMUEL 7806 CHARNEY LANE BOCA RATON, FL 33496					
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NO	Γ WRITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS	SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
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.						

Samuel Susi, Managing Member

AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

8. The above named entity submits this statement for the number of changing its registered office or registered agent, or both in the State of Elevida. Lam familiar with and accompanies