

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000011105

**FILED**  
**Feb 26, 2009**  
**Secretary of State**

**Entity Name:** THE ORLEANS ROOM LLC

**Current Principal Place of Business:**

P. O. BOX 489  
SARASOTA, FL 342300489

**New Principal Place of Business:**

**Current Mailing Address:**

46 N. WASHINGTON BLVD.  
SUITE 1  
SARASOTA, FL 34236

**New Mailing Address:**

**FEI Number:** 43-4767294      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

LPS CORPORATE SERVICES, INC.  
46 N. WASHINGTON BLVD.  
SUITE 1  
SARASOTA, FL 34236 US

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

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:**

**Title:** MGR      ( ) Delete  
**Name:** DEFELICE, L MARTIN  
**Address:** P. O. BOX 489  
**City-St-Zip:** SARASOTA, FL 342300489

**ADDITIONS/CHANGES:**

**Title:**      ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify 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:** L MARTIN DEFELICE

MGR

02/26/2009

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date