


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 09, 2005 08:00 AM
Secretary of State

DOCUMENT # L00000014148 1. Entity Name SUBURBAN LODGE OF NORTHWEST FLORIDA, L.L.C.	
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Principal Place of Business 909 MAR WALT DR., STE. 1014 FT WALTON BEACH, FL 32547	Mailing Address 909 MAR WALT DR., STE. 1014 FT WALTON BEACH, FL 32547
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03312005No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 58-2589745	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent FOSTER, WILLIAM SCOTT 909 MAR WALT DR., STE. 1014 FT WALTON BEACH, FL 32547
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**DO NOT WRITE
IN THIS SPACE**

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CHANDLER, BUTCH K 3401 GREENSBORO AVE #8 TUSCALOOSA, AL 35401
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04/09/05-80028-001 50.00

**DO NOT WRITE
IN THIS SPACE**

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: <u>Butch Chandler</u>	Date: <u>4/6/05</u>	Daytime Phone # _____
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		