

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000004946

FILED
Mar 31, 2009
Secretary of State

Entity Name: IDS-HOTEL ISIS, L.C.

Current Principal Place of Business:

5501 W. SPRUCE STREET
C-3
TAMPA, FL 33607

New Principal Place of Business:

Current Mailing Address:

5501 W. SPRUCE STREET
C-3
TAMPA, FL 33607

New Mailing Address:

FEI Number: 59-3717802 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: INNOVATIVE DEVELOPME, NT SERVICES GR O UP, INC
Address: 5501 W. SPRUCE STREET C-3
City-St-Zip: TAMPA, FL 33607 US

Title: D () Delete
Name: THORNBURY, MARILYN M
Address: 5501 W. SPRUCE STREET C-3
City-St-Zip: TAPMA, FL 33607

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

Title: D (X) Change () Addition
Name: MCDONALD, KATHLEEN R
Address: 5501 W. SPRUCE STREET C-3
City-St-Zip: TAMPA, FL 33607

Title: D () Change (X) Addition
Name: THORNBURY, MARILYN M
Address: 5501 W. SPRUCE ST. C-3
City-St-Zip: TAMPA, FL 33607

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: MARILYN THORNBURY

D

03/31/2009

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