

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000005102

Entity Name: INNSPARATIONS LLC

FILED
Apr 28, 2004
Secretary of State

Current Principal Place of Business:

THE PENINSULA INN + SPA
2937 BEACH BLVD. S
GULFPORT, FL 33707

New Principal Place of Business:

THE PENINSULA INN & SPA
2937 BEACH BLVD. S
GULFPORT, FL 33707

Current Mailing Address:

4685 26TH AVE. S.
2937 BEACH BLVD. S
SAINT PETERSBURG, FL 33711

New Mailing Address:

4685 26TH AVE. S.
SAINT PETERSBURG, FL 33711

FEI Number: 58-2615046

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

KOZBELT, LAURIE
4685 26TH AVE. S.
SAINT PETERSBURG, FL 33711 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/MEMBERS:

Title: MGRM () Delete
Name: GRABOWSKI, AMY L
Address: 4685 26TH AVE. S.
City-St-Zip: SAINT PETERSBURG, FL 33711

Title: MGRM () Delete
Name: KOZBELT, LAURIE
Address: 4685 26TH AVE., S.
City-St-Zip: SAINT PETERSBURG, FL 33711

ADDITIONS/CHANGES:

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: LAURIE KOZBELT

MGRM

04/28/2004

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