

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000013299

1. Entity Name
LAKE MARY HOTEL ASSOCIATES, LLC



Principal Place of Business
**8700 TRAIL LAKE DR. WEST
SUITE 300
MEMPHIS, TN 38125**

Mailing Address
**8700 TRAIL LAKE DR. WEST
SUITE 300
MEMPHIS, TN 38125**



01072004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
69-0010847

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

**F&L CORP.
200 LAURA STREET JACKSONVILLE
THE GREENLEAF BUILDING THIRD FLOOR
JACKSONVILLE, FL 32201**

**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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE	P
NAME	WILSON, KEM
STREET ADDRESS	8700 TRAIL LAKE DR. WEST SUITE 300
CITY - ST - ZIP	MEMPHIS, TN 38116
TITLE	VP
NAME	WILSON, SPENCE
STREET ADDRESS	8700 TRAIL LAKE DR. WEST SUITE 300
CITY - ST - ZIP	MEMPHIS, TN 38116
TITLE	VT
NAME	BATT, WILLIAM
STREET ADDRESS	8700 TRAIL LAKE DR. WEST SUITE 300
CITY - ST - ZIP	MEMPHIS, TN 38125
TITLE	ASVP
NAME	WILSON, ROBERT A
STREET ADDRESS	8700 TRAIL LAKE DR. WEST SUITE 300
CITY - ST - ZIP	MEMPHIS, TN 38125
TITLE	SV
NAME	WALLIN, R.E.
STREET ADDRESS	8700 TRAIL LAKE DR. WEST SUITE 300
CITY - ST - ZIP	MEMPHIS, TN 38125
TITLE	V
NAME	BATT, WILLIAM
STREET ADDRESS	8700 TRAIL LAKE DR. WEST SUITE 300
CITY - ST - ZIP	MEMPHIS, TN 38125

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04/27/04-80017-018 50.00

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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)(f), 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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4-6-04 901-346-8800

Date

Daytime Phone #