2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # L01000013299

1. Entity Name

LAKE MARY HOTEL ASSOCIATES, LLC

Principal Place of Business	Mailing Address
8700 TRAIL LAKE DR. WEST SUITE 300 MEMPHIS TN 38125	8700 TRAIL LAKE DR. WEST SUITE 300 MEMPHIS TN 38125

1st MOORE CR2E083 (10/05)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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	7. Name and Address of New Registered Agent
F&L CORP. ONE INDEPENDENT DRIVE SUITE 1300 JACKSONVILLE FL 32202	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	P	☐ Delete	TITLE		☐ Change ☐ Add
NAME	WILSON, KEM		NAME		
STREET ADDRESS	8700 TRAIL LAKE DR. WEST SUITE 300		STREET ADDRESS	U00000547067	
CITY-ST-ZIP	MEMPHIS TN 38116		CITY-ST-ZIP	05/12/06-80009-013 50.00	
TITLE	VP	☐ Delete	TITLE		☐ Change ☐ Add
NAME	WILSON, SPENCE		NAME		
STREET ADDRESS	8700 TRAIL LAKE DR. WEST SUITE 300		STREET ADDRESS		
CITY-ST-ZIP	MEMPHIS TN 38116		CITY-ST-ZIP		
TITLE	VT	☐ Delete	TITLE		☐ Change ☐ Add
NAME	BATT, WILLIAM		NAME		
STREET ADDRESS	8700 TRAIL LAKE DR. WEST SUITE 300		STREET ADDRESS		
CITY-ST-ZIP	MEMPHIS TN 38125		CITY-ST-ZIP		
TITLE	ASVP	☐ Delete	TITLE		☐ Change ☐ Add
NAME	WILSON, ROBERT A		NAME		
STREET ADDRESS	8700 TRAIL LAKE DR.WEST SUITE 300		STREET ADDRESS		
CITY-ST-ZIP	MEMPHIS TN 38125		CITY-ST-ZIP		
TITLE	S	☐ Delete	TITLE		☐ Change ☐ Add
NAME	MCCLAIN, GARY		NAME		
STREET ADDRESS	8700 TRAIL LAKE DR.WEST SUITE 300		STREET ADDRESS		
CITY-ST-ZIP	MEMPHIS TN 38125		CITY-ST-ZIP		
TITLE	V	☐ Delete	TITLE		☐ Change ☐ Add
NAME	BATT, WILLIAM		NAME		
STREET ADDRESS	8700 TRAIL LAKE DR. WEST SUITE 300		STREET ADDRESS		
CITY-ST-ZIP	MEMPHIS TN 38125		CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: _____ 3/21/06 901-346-8800