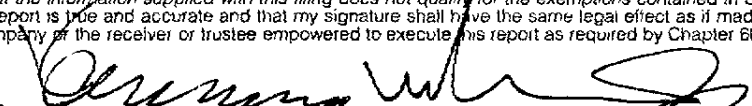


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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

DOCUMENT # L01000013299 1. Entity Name LAKE MARY HOTEL ASSOCIATES, LLC					
Principal Place of Business 8700 TRAIL LAKE DR. WEST SUITE 300 MEMPHIS TN 38125			Mailing Address 8700 TRAIL LAKE DR. WEST SUITE 300 MEMPHIS TN 38125		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 69-0010847	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent F&L CORP. ONE INDEPENDENT DRIVE SUITE 1300 JACKSONVILLE FL 32202				7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
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 NAME STREET ADDRESS CITY-ST-ZIP	P WILSON, KEM 8700 TRAIL LAKE DR. WEST SUITE 300 MEMPHIS TN 38116	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add U000000547067 05/12/06-80009-013 50.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WILSON, SPENCE 8700 TRAIL LAKE DR. WEST SUITE 300 MEMPHIS TN 38116	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT BATT. WILLIAM 8700 TRAIL LAKE DR. WEST SUITE 300 MEMPHIS TN 38125	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASVP WILSON, ROBERT A 8700 TRAIL LAKE DR. WEST SUITE 300 MEMPHIS TN 38125	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MCCLAIN, GARY 8700 TRAIL LAKE DR. WEST SUITE 300 MEMPHIS TN 38125	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BATT, WILLIAM 8700 TRAIL LAKE DR. WEST SUITE 300 MEMPHIS TN 38125	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add	
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		