

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 10, 2007 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



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/06)

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

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

(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, 2007

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE ☐ Delete
NAME P
WILSON, KEM
STREET ADDRESS 8700 TRAIL LAKE DR. WEST SUITE 300
CITY- ST- ZIP MEMPHIS TN 38116

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP
U000000698345
04/18/07-80078-007 50.00

TITLE ☐ Delete
NAME VP
WILSON, SPENCE
STREET ADDRESS 8700 TRAIL LAKE DR. WEST SUITE 300
CITY- ST- ZIP MEMPHIS TN 38116

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME VT
BATT, WILLIAM
STREET ADDRESS 8700 TRAIL LAKE DR. WEST SUITE 300
CITY- ST- ZIP MEMPHIS TN 38125

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME ASVP
WILSON, ROBERT A
STREET ADDRESS 8700 TRAIL LAKE DR. WEST SUITE 300
CITY- ST- ZIP MEMPHIS TN 38125

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME S
MCCLAIN, GARY
STREET ADDRESS 8700 TRAIL LAKE DR. WEST SUITE 300
CITY- ST- ZIP MEMPHIS TN 38125

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME V
BATT, WILLIAM
STREET ADDRESS 8700 TRAIL LAKE DR. WEST SUITE 300
CITY- ST- ZIP MEMPHIS TN 38125

☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

Gary McClain

Sec.

4/2/07

901-507-0594

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #