

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000013299

FILED
Apr 06, 2009
Secretary of State

Entity Name: LAKE MARY HOTEL ASSOCIATES, LLC

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 69-0010847

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

F&L CORP.
ONE INDEPENDENT DRIVE
SUITE 1300
JACKSONVILLE, FL 32202 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/MANAGERS:

Title: P () Delete
Name: WILSON, KEM
Address: 8700 TRAIL LAKE DR. WEST SUITE 300
City-St-Zip: MEMPHIS, TN 38116

Title: VP () Delete
Name: WILSON, SPENCE
Address: 8700 TRAIL LAKE DR. WEST SUITE 300
City-St-Zip: MEMPHIS, TN 38116

Title: VT () Delete
Name: BATT, WILLIAM
Address: 8700 TRAIL LAKE DR. WEST SUITE 300
City-St-Zip: MEMPHIS, TN 38125

Title: ASVP () Delete
Name: WILSON, ROBERT A
Address: 8700 TRAIL LAKE DR. WEST SUITE 300
City-St-Zip: MEMPHIS, TN 38125

Title: S () Delete
Name: MCCLAIN, GARY
Address: 8700 TRAIL LAKE DR. WEST SUITE 300
City-St-Zip: MEMPHIS, TN 38125

Title: V () Delete
Name: BATT, WILLIAM
Address: 8700 TRAIL LAKE DR. WEST SUITE 300
City-St-Zip: MEMPHIS, TN 38125

ADDITIONS/CHANGES:

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

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

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

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

Title: () Change () Addition
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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 exemption stated in Chapter 119, 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: GARY MCCLAIN

S

04/06/2009

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