

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000017434

Entity Name: THE SUITE PLACE LLC

FILED
Mar 08, 2005
Secretary of State

Current Principal Place of Business:

2802 SYDNEY ROAD
PLANT CITY, FL 33567

New Principal Place of Business:

Current Mailing Address:

PO BOX 2190
BRANDON, FL 33509

New Mailing Address:

FEI Number: 51-0415415

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RASHID, SAM
2802 SYDNEY ROAD
PLANT CITY, FL 33567 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/MEMBERS:

Title: MGRM () Delete
Name: RASHID, SAM
Address: 2802 SYDNEY ROAD
City-St-Zip: PLANT CITY, FL 33567

Title: MGR () Delete
Name: RASHID, JADE
Address: 2802 SYDNEY ROAD
City-St-Zip: PLANT CITY, FL 33567

Title: MGR () Delete
Name: RASHID, JORDAN
Address: 2802 SYDNEY ROAD
City-St-Zip: PLANT CITY, FL 33567

Title: MGR () Delete
Name: RASHID, GERI
Address: 2802 SYDNEY ROAD
City-St-Zip: PLANT CITY, FL 33567

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
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: SAM RASHID

MGRM

03/08/2005

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