2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 20, 2005
Secretary of State

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Entity Name: EASTWARD INN, L.L.C.

Current Principal Place of Business:

915 MIDDLE RIVER DR., STE. 506
FT LAUDERDALE, FL 33304

New Principal Place of Business:

915 MIDDLE RIVER DR., STE. 506
MORAITIS, COFAR, KARNEY & MORAITIS
FT LAUDERDALE, FL 33304

Current Mailing Address:

915 MIDDLE RIVER DR., STE. 506
FT LAUDERDALE, FL 33304

New Mailing Address:

915 MIDDLE RIVER DR., STE. 506
MORAITIS, COFAR, KARNEY & MORAITIS
FT LAUDERDALE, FL 33304

FEI Number: 04-3703472 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MORAITIS, GEORGE R ESQ.
915 MIDDLE RIVER DR., STE. 506
FT LAUDERDALE, FL 33304 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: UYVARI, RICHARD M
Address: 4527 N. MALDEN STREET
City-St-Zip: CHICAGO, IL 60640

Title: MGRM ( ) Delete
Name: LA PAT, JOSPEH F
Address: 4527 N. MALDEN STREET
City-St-Zip: CHICAGO, IL 60640

ADDITIONS/CHANGES:

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: RICHARD UYVARI MGRM 04/20/2005

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