


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 11, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000018154
1. Entity Name
RED HOTEL, LLC



| | |
|---|---|
| Principal Place of Business 1345 DUPONT RD HAVANA, FL 32333 | Mailing Address 1345 DUPONT RD HAVANA, FL 32333 |
|---|---|

DO NOT WRITE IN THIS SPACE



02092005No Chg-LLC CR2E083 (10/03)

| | |
|---|--------------------------------|
| 4. FEI Number 56-2289079 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

6. Name and Address of Current Registered Agent

BRADSHAW, PAUL R
1345 DUPONT RD
HAVANA, FL 32333

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$50.00
Due by May 1, 2005**

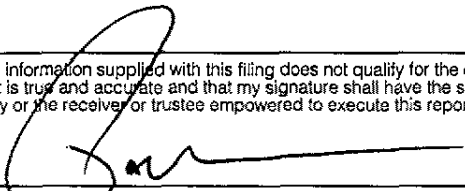
9. MANAGING MEMBERS/MANAGERS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM BRADSHAW, PAUL 1345 DUPONT RD HAVANA, FL 32333 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM BRADSHAW, SALLY 1345 DUPONT RD HAVANA, FL 32333 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

02/11/05-80043-004 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify 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 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:  Date: 2/10/05 Daytime Phone #: (850) 671-4461

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