

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000024420

**FILED**  
**Jul 18, 2007**  
**Secretary of State**

**Entity Name:** E RE HOSPITALITY RE, LLC

**Current Principal Place of Business:**

18004 S. MINT LAKE RD.  
BEAVERCREEK, OR 97004 US

**New Principal Place of Business:**

18004 BOONE CT  
BEAVERCREEK, OR 97004 US

**Current Mailing Address:**

P.O. BOX 1596  
CLEARWATER, FL 33757 US

**New Mailing Address:**

176 SEACLIFF DR  
APTOS, CA 95003 US

**FEI Number:** 56-2294545      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

ROQUE, GINA  
8 S. FORT HARRISON  
CLEARWATER, FL 33756 US

**Name and Address of New Registered Agent:**

ROQUE, GINA  
4724 70TH STREET NORTH  
ST PETERSBURG, FL 33709 US

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

07/18/2007

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: WILLIAMS, DENISE C  
Address: 18004 S. MINT LAKE RD.  
City-St-Zip: BEAVERCREEK, OR 97004 US

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: WILLIAMS, DENISE C  
Address: 176 SEACLIFF DR.  
City-St-Zip: APTOS, CA 95003 US

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: DENISE C. WILLIAMS

MGR

07/18/2007

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