
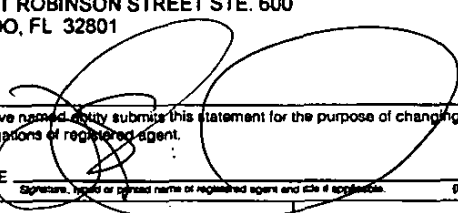
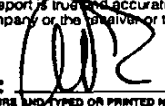


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 21, 2005 8:00 am**  
**Secretary of State**

04-04-2005 90433 027 \*\*\*\*50.00

<b>DOCUMENT # L02000034611</b>					
1. Entity Name <b>SOUTHLAND SUITES OF MELBOURNE LLC</b>					
Principal Place of Business <b>2680 CROTON ROAD MELBOURNE, FL 32935</b>			Mailing Address <b>300 N RONALD REAGAN BLVD 311 LONGWOOD, FL 32750</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
			<b>1605 Main Street Suite 616</b>		
City & State			City & State		
			<b>Sarasota, FL</b>		
Zip	Country	Zip	Country	4. FEI Number	
<b>34236</b>		<b>34236</b>	<b>U.S.</b>	<b>35-2191780</b>	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>COSTAR, CHARLES B III</b> <b>315 EAST ROBINSON STREET STE. 600</b> <b>ORLANDO, FL 32801</b>				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				<b>240 South Pineapple Ave., 10th FL</b>	
				City	Zip Code
				<b>Sarasota</b>	<b>FL 34236</b>
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				Jenifer S. Schembri	
				<b>4/19/05</b> <small>(NOTE: Registered Agent Signature required when re-electing)</small>	
Filing Fee is \$50.00 Due by May 1, 2005			Make check payable to Florida Department of State		
B. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE	MGR	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PLUSH, ALAN C			NAME	
STREET ADDRESS	1605 MAIN STREET STE 610			STREET ADDRESS	
CITY - ST - ZIP	SARASOTA, FL 34238			CITY - ST - ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY - ST - ZIP				CITY - ST - ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY - ST - ZIP				CITY - ST - ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY - ST - ZIP				CITY - ST - ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY - ST - ZIP				CITY - ST - ZIP	
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 manager or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: 				3/29/05 941.363.7501	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date	