


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90433 029 ****50.00

DOCUMENT # L02000034614 1. Entity Name SOUTHLAND SUITES OF LONGWOOD LLC	
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Principal Place of Business 342 SOUTH WAYMAN DRIVE LONGWOOD, FL 32750	Mailing Address 300 N. RONALD REAGAN BLVD. 311 LONGWOOD, FL 32750
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address 1605 Main Street Suite, Apt. #, etc. Suite 610 City & State Sarasota FL Zip 34236 Country U.S.
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03292005 Chg-LLC CR2E083 (10/03)

6. Name and Address of Current Registered Agent COSTAR, CHARLES B III 315 EAST ROBINSON STREET STE. 600 ORLANDO, FL 32801	
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7. Name and Address of New Registered Agent Name Jenifer Schembri Street Address (P.O. Box Number is Not Acceptable) 240 South Pineapple Ave. City Sarasota FL Zip Code 34230	
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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 _____

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

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HUEY, NORMAN L. <input checked="" type="checkbox"/> Delete 300 N. RONALD REAGAN BLVD., SUITE 311 LONGWOOD, FL 32750	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PLUSH, ALAN C <input type="checkbox"/> Delete 1605 MAIN STREET, STE 610 SARASOTA, FL 34236	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

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

3/29/05 9413637501

Date

Daytime Phone #