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

04-04-2005 90433 028 ****50.00

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000034617

1. Entity Name
SOUTHLAND SUITES OF LAKELAND LLC

Principal Place of Business	Mailing Address
4250 LAKELAND HIGHLANDS ROAD LAKELAND, FL 33813	300 N. RONALD REAGAN BLVD, STE 311 LONGWOOD, FL 32750

03292005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business		3. Mailing Address	
		1605 Main Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 610	
City & State		City & State Sarasota, FL	
Zip	Country	Zip 34236	Country U.S.

4. FEI Number 37-1452650 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
COSTAR, CHARLES B III 315 EAST ROBINSON STREET STE. 600 ORLANDO, FL 32801	Name Jenifer S. Schembri Street Address (P.O. Box Number is Not Acceptable) 240 South Pineapple Ave, 10TH FL City Sarasota FL Zip Code 34236

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 4/19/05
Signature, typed or printed name of registered agent and title if applicable. (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

TITLE	MGR	☐ Delete
NAME	PLUSH, ALAN C	
STREET ADDRESS	1605 MAIN ST., STE. 610	
CITY-ST-ZIP	SARASOTA, FL 34236	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
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TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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 receiver 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 Daytime Phone #