

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000018647

**FILED**  
**Mar 15, 2011**  
**Secretary of State**

**Entity Name:** CHAFFEE POINT HOSPITALITIES, LLC

**Current Principal Place of Business:**

548 CHAFFEE POINT BLVD  
JACKSONVILLE, FL 32221

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1766  
VALDOSTA, GA 31603

**New Mailing Address:**

**FEI Number:** 56-2369526

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MOTLEY, JASON P  
1642 GLENDALE STREET  
JACKSONVILLE, FL 32205 US

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

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

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** CHAFFEE POINT HOSPITALITIES, LLC  
**Address:** P.O. BOX 1766  
**City-St-Zip:** VALDOSTA, GA 31603

**Title:** MGRM  
**Name:** MOTLEY, JANE P  
**Address:** 2100 MIMOSA SR.  
**City-St-Zip:** VALDOSTA, GA 31602

I hereby 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:** JANE P MOTLEY

MGRM

03/15/2011

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