2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

| ANNOAL KEPOKI | | | | | | | <i>j</i> | // 2 | | |
|---|-------------|---|---|-------------------------|-----------------------|-----------------------|--|-------------------------------|----------------------|-------------------------|
| DOCUMENT # L0300020641 1. Entity Name CASH INN OF 27TH AVENUE, LLC | | | | | | | OS APR 2 | S PL | • | |
| | | | | , | ALI NEIDE | · '7 2: / | 10 | | | |
| Principal Place of Business 200 S BISCAYNE BLVD, STE 4000 MIAMI, FL 33131 | | | Mailing Address 200 S BISCAYNE BLVD, STE 4000 MIAMI, FL 33131 | | | | OS APR 25 TALLAHASSET | OF STATE FLORIDA | ! | |
| | | | | (51/ | | | 71 8 6 7 6 6 7 11 11 6 6 17 1 6 6 17 1 | | | |
| 2. Principal Place of Business | | | 3. Mailing Address Suite, Apt. #, etc. | | | | | | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | | 01062005 | Chg-LLC | CR2E083 (1 | 0/03) | |
| City & State | | | City & State | | | 4. FEI Numb | er PPLICABLE | | | alied For Applicable |
| Zip | Country Zip | | Zip | Country | | 5. Certificate | of Status Desired | | 00 Addit Required | |
| | 6. Name | and Address of Current R | egistered Agent Name | | | 7. Name and | d Address of New Re | egistered Agent | t | |
| | AYNE BL | TERED AGENTS, INC LVD, 43RD FLOOR |). | | P.O. Box Numb | per is Not Acceptable |) | | | |
| | | | | | City | <u></u> . | | FL Z | Zip Code | |
| 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 accepted by the obligations of registered agent. | | | | | | | | | | nd accept |
| SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE | | | | | | | | | | |
| Signature, typed of printed name of registered agent and ose in applicable. [(AUTE: registered Agent arginature required w | | | | | | | | DATE | | |
| Filing Fee is \$50.00 Due by May 1, 2005 | | | | | | | | e check payab Department o | | } |
| 9. | | MANAGING MEMBER | S/MANAGERS | 10. | | | ADDITIONS/ | CHANGES | | |
| | MGRM | D IOSEDH B MCBM | ☐ Delete | E . | А | oooma: | | Change | ☐ Addition | |
| STREET ADDRESS | | R., JOSEPH P MGRM SCAYNE BLVD., STE. 40 L 33131 | 000 | EET ADDRESS - ST-ZIP | 05/0 | 00054 |)013 * | *50.(| 00 | |
| TITLE | | | ☐ Delete | TITL | l l | | | | Change | Addition |
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| STREET ADDRESS CITY-ST-ZIP | | | | STR | ET ADDRESS -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: 01.26.05 777.2071 | | | | | | | | | | |
| SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daylore Proce 6 | | | | | | | | | | |

Joseph P. Klock, Jr.