2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000051223

1. Entity Name
BFOL HOTELS, LLC

Principal Place of Business	Mailing Address
1208 S HOWARD AVE TAMPA, FL 33606	1208 S HOWARD AVE TAMPA, FL 33606

2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	03222004 Chg-LLC CR2E083 (10/03)
City & State	City & State	4. FEI Number 20-0593012 Applied For / Not Applicable
Zip	Country	Zip	Country	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
~~BARNETT, LESLIE J~~ LAYER, DAVID ~~601 BAYSHORE BLVD, STE 700~~ 1208 So Howard Ave TAMPA, FL 33606	Name LAXER DAVID Street Address (P.O. Box Number is Not Acceptable) 1208 So Howard Ave City TAMPA FL 3 FL Zip Code 33606

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 _David Laxer_   DATE 3/25/04

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00 **Due by May 1, 2004**		**Make check payable to** **Florida Department of State**

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE MGRM NAME DAVID LAXER STREET ADDRESS 1208 So Howard Ave CITY-ST-ZIP TAMPA FL 33606	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: _David Laxer_   3/25/04   813/251-2421

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #