2004 LIMITED LIABILITY COMP ANNUAL REPORT (AR)

## FILED Apr 29, 2004 8:00 am Secretary of State

500111	AENT UL COCCOCATA	-04	4399	¬ * Secretary (		
1. Entity Nam	MENT # L030000545	534		04-14-2004 90286 0		
RECAPTURED ROOMS, LLC						
Principal Place of Business Mailing Address						
167 - 4TH STREET NORTH NAPLES FL 34102  167 - 4TH STREET NORTH NAPLES FL 34102			ORTH			
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2. Principal Place of Business  Suite, Apl. #. etc.  City & State		3. Mailing Address  Suite, Apt. #, etc.  City & State		MOORE CR2E083 (11/03)		
				Zip	Country	Zip
	6. Name and Address of Currer	nt Registered Agent		7. Name and Address of New Registered	Agent	
	MAAN MENNIETH NACES		Name	سرچان در در در <del>درستان در</del> وادر ا		· <u>.</u> <u></u>
RICHMAN, KENNETH W JR. 423 SHARWOOD DRIVE NAPLES FL 34110		- Street Address		ss (P.O. Box Number is Not Acceptable)	J,	
14/1			City		Zip Code	
				FL	<u>. L </u>	·
the obligat	named entity submits this statement ions of registered agent.  Signature, typed or protect name of registered agent.		TE Projesterad Agent signature regi			
the obligat	ions of registered agent.	FILE N Make Check Paya	ITE Registered Agent signesure required (NOV) III. FEE IS: \$50.0 ble to Florida Department By May 1: 2004	0		
the obligat	ions of registered agent. Signature, hipset or proted name of registered age	FILE N Make Check Paya	IOW!!! FEE IS \$50.0 ble to Florida Departs	0 nent of State		
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11. I hereby cortify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), Horida Statutes. Flurther 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 oatinit, 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: 39 25 0364

SIGNATURE AND TYPED OR PRINTED PLANE OF SIGNING MANAGER MANAGER, OR AUTHORIZED REPRESENTATIVE DOIS DAYOTH PROTES.