

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90049 032 ****55.00

DOCUMENT # L04000004140

1. Entity Name
MO'TEL, L.L.C.



Principal Place of Business
380 LURTON STREET
PENSACOLA, FL 32505

Mailing Address
380 LURTON STREET
PENSACOLA, FL 32505

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01092006

Chg-LLC

CR2E083 (11/05)

4. FEI Number

20-0612176

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

COLBERT, RICHARD M
125 W. ROMANA STREET, SUITE 800
PENSACOLA, FL 32502

Name

BOND, BILL

Street Address (P.O. Box Number is Not Acceptable)

125 W. Romana Street, Suite 800

City

Pensacola

FL

Zip Code

32502

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

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, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
MO'TEL LLC
6550 PENSACOLA BLVD
PENSACOLA, FL 32505

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
MOULTON PROPERTIES
380 LURTON STREET
Pensacola, FL 32505

☒ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
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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 exemptions contained in Chapter 119, 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:

May Month

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/10/06

Date

850-438-5655

Daytime Phone #