

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Jan 26, 2007 8:00 am**  
**Secretary of State**

01-26-2007 90081 019 \*\*\*\*50.00

DOCUMENT # L04000019674

1. Entity Name

SAIL HOTEL PROPERTIES, LLC



Principal Place of Business

Mailing Address

~~2990 TAMPA RD.~~  
OLDSMAR FL 34677  
US

~~3090 TAMPA RD.~~  
OLDSMAR FL 34677  
US



2. Principal Place of Business - No P.O. Box #

4052 TAMPA ROAD

Suite, Apt. #, etc.

3. Mailing Address

4052 TAMPA ROAD

Suite, Apt. #, etc.

City & State

OLDSMAR, FL

Zip

34677

Country

City & State

OLDSMAR, FL

Zip

34677

Country

4. FEI Number

20-0929333

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

1st MOORE

CR2E083 (10/06)

6. Name and Address of Current Registered Agent

PRATESI, EMIL G  
1253 PARK ST  
CLEARWATER FL 34656

7. Name and Address of New Registered Agent

Name

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

City

FL

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 accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when re-installing)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME MGRM ☐ Delete  
NAME SIMONE, PAUL  
STREET ADDRESS ~~2990 TAMPA RD~~ 4052 TAMPA ROAD  
CITY ST ZIP OLDSMAR FL 34677

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY ST ZIP

TITLE NAME ☐ Delete  
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STREET ADDRESS  
CITY ST ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY ST ZIP

10. ADDITIONS/CHANGES

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY ST ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY ST ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
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STREET ADDRESS  
CITY ST ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY ST ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

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

Date

Daytime Phone #

1/22/07