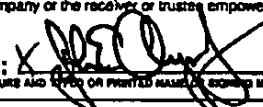


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

02-11-2005 90139 041 ****50.00

DOCUMENT # L04000039414					
1. Entity Name CORAL HOSPITALITY-GA, L.L.C.					
Principal Place of Business 9180 GALLERIA COURT, SUITE 600 NAPLES, FL 34109			Mailing Address 9180 GALLERIA COURT, SUITE 600 NAPLES, FL 34109		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
4. EEI Number 26810292775				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		
STEWART, JAMES C JR 9180 GALLERIA COURT, SUITE 600 NAPLES, FL 34109			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, print or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reappointing)					
DATE					
Filing Fee is \$50.00 Due by May 1, 2005			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS					
TITLE	MGRM	☐ Delete			
NAME	AYRES, JOHN E JR				
STREET ADDRESS	9180 GALLERIA COURT, SUITE 600				
CITY-ST-ZIP	NAPLES, FL 34109				
TITLE	MGRM	☐ Delete			
NAME	WEEKS, LEE				
STREET ADDRESS	9180 GALLERIA COURT, SUITE 600				
CITY-ST-ZIP	NAPLES, FL 34109				
TITLE	MGRM	☐ Delete			
NAME	SCHAEFFER, CHRISTOPHER				
STREET ADDRESS	9180 GALLERIA COURT, SUITE 600				
CITY-ST-ZIP	NAPLES, FL 34109				
TITLE		☐ Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		☐ Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		☐ Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
10. ADDITIONS/CHANGES					
TITLE		☐ Change ☐ Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		☐ Change ☐ Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		☐ Change ☐ Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		☐ Change ☐ Addition			
NAME					
STREET ADDRESS					
CITY-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)(f), 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:  2/04/05 739.449-1800					
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					