# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

3

**FILED**
**Apr 11, 2006 8:00 am**
**Secretary of State**
03-08-2006 90039 045 ****50.00

DOCUMENT # L04000039414

1. Entity Name
CORAL HOSPITALITY-GA, L.L.C.

30004796

| Principal Place of Business | Mailing Address |
|---|---|
| 9180 GALLERIA COURT, SUITE 600<br>NAPLES, FL 34109 | 9180 GALLERIA COURT, SUITE 600<br>NAPLES, FL 34109 |

01232006 Chg-LLC CR2E083 (11/05)

| 2. Principal Place of Business | | 3. Mailing Address | |
|---|---|---|---|
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

4. FEI Number 55-0869731 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

STEWART, JAMES C JR
9180 GALLERIA COURT, SUITE 600
NAPLES, FL 34109

7. Name and Address of New Registered Agent

Name John E. Ayres
Street Address (P.O. Box Number is Not Acceptable) 9180 Galleria Court
Suite 600
City Naples FL Zip Code 34109

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 _____ DATE
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, 2006**

**Make check payable to Florida Department of State**

| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGRM<br>AYRES, JOHN E JR<br>9180 GALLERIA COURT, SUITE 600<br>NAPLES, FL 34109 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ~~MGRM~~ Member<br>WEEKS, LEE<br>9180 GALLERIA COURT, SUITE 600<br>NAPLES, FL 34109 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ~~MGRM~~ Member<br>SCHAEFFER, CHRISTOPHER<br>9180 GALLERIA COURT, SUITE 600<br>NAPLES, FL 34109 | ☒ 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 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:** _____
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #