

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2005 8:00 am
Secretary of State

04-21-2005 90032 049 ****50.00

DOCUMENT # L04000048408

1. Entity Name
STAFFORD BRIDGE INN, L.L.C.



Principal Place of Business
**901 GEORGE BUSH BOULEVARD
DELRAY BEACH, FL 33483**

Mailing Address
**901 GEORGE BUSH BOULEVARD
DELRAY BEACH, FL 33483**

20039897



2. Principal Place of Business
2875 South Ocean Blvd

3. Mailing Address
2875 South Ocean Blvd

Suite, Apt. #, etc.
Suite 200

Suite, Apt. #, etc.
Suite 200

City & State
Palm Beach, FL

City & State
Palm Beach, FL

Zip
33480

Country
USA

Zip
33480

Country
USA

04152005 Chg-LLC CR2E083 (10/03)

4. FEI Number
20-1307802

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**MCKIBBIN, DAVID A
901 GEORGE BUSH BOULEVARD
DELRAY BEACH, FL 33483**

7. Name and Address of New Registered Agent

Name **David A. McKibbin**

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

2875 South Ocean Blvd, Suite 200

City **Palm Beach**

FL

Zip Code
33480

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 **David A. McKibbin**

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

(NOTE: Registered Agent signature required when reinstating)

4-19-05

DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

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

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
MCKIBBIN, DAVID A
901 GEORGE BUSH BOULEVARD
DELRAY BEACH, FL 33483** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
VALENTI, THOMAS J
609 WEST GENESEE STREET
SYRACUSE, NY 13204** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**1388 Lond End Rd
Lantana FL 33462** ☒ Change ☐ Addition

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

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

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

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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 exemption stated in Section 119.07(3)(i), 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: **David A. McKibbin** **M. Hamba** **(4-19-05)** **(561/547 6606)**

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

Date

Daytime Phone #