## ,2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT # L04000049603

1. Entity Name
WESTSHORE SUITES SERVICES, LLC

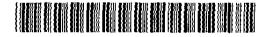


Principal Place of Business

50 E. RIVERCENTER BLVD., SUITE 600 COVINGTON, KY 41011 \_ Mailing Address

50 E. RIVERCENTER BLVD., SUITE 600 COVINGTON, KY 41011

## FILED Jan 31, 2006 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

01162008 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-1389579 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Regulard

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

CRY-\$1-2P

## DO NOT WRITE IN THIS SPACE

|  |   | IN   | IN THIS SPACE   |  |
|--|---|--|---|--|
| 8. The above the obliga                        | e named entity submits this statement for the purpose of char<br>tions of registered agent.                     | rging its registered office or registered agent, or bo       | oth, in the State of Fronda. I am familiar with, and accept |  |
| SIGNATURE.                                     | Signature, typed or printed name of registered agent and title it epolicable                                    | (NOTE: Registered Agent signature required when reinstating) | DATE  |  |
| F  | iling Fee is \$50.00<br>ue by May 1, 2006   |  |   |  |
| G. ITTLE NAME STREET ADDRESS CITY-ST-ZIP       | MANAGING MEMBERS/MANAGERS MGRM COMMONWEALTH HOTELS, INC. 50 E. RIVERCENTER BLVD., SUITE 600 COVINGTON, KY 41011 |  |   |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP          |   |  | U00000410671<br>02/09/06-80047-004 50.00                    |  |
| TITLE NAME STREET ADDRESS DITY-ST-ZIP          |   | DO   | NOT WRITE   |  |
| TISLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | IN .   | THIS SPACE  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS                |   |  |   |  |

11. I hereby certify that the information supplied with this filling 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 it 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 508, Florida Statutes.

SIGNATURE:

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

Date

Daytime Phone #

ZZY