

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

05 MAR 22 PM 3:42

TALLAHASSEE FLORIDA



02282005 Chg-LLC CR2E083 (10/03) 3/22

DOCUMENT # L04000053281			
1. Entity Name TRAVELODGE DEVELOPMENT, LLC			
Principal Place of Business <del>1700 66TH STREET NORTH SUITE 300 ST. PETERSBURG, FL 33710 US</del>		Mailing Address <del>1700 66TH STREET NORTH SUITE 300 ST. PETERSBURG, FL 33710 US</del>	
2. Principal Place of Business 102-8th Ave-Nor		3. Mailing Address P.O. Box 302	
Suite, Apt. #, etc. #3		Suite, Apt. #, etc. 6860-Gulfport Blvd	
City & State ST. PETERSBURG, FL		City & State ST. PETERSBURG, FL	
Zip 33706	Country Pinellas	Zip 33707	Country Pinellas
6. Name and Address of Current Registered Agent D & B CORPORATE SERVICES, INC. 5999 CENTRAL AVENUE SUITE 202 ST. PETERSBURG, FL 33710		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 signature required when reinstating) DATE			
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FRANCIS, ROBERT A JR. 1700 66TH STREET NORTH, SUITE 300 ST. PETERSBURG, FL 33710 <i>same as Principal</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>Robert A. Francis, Jr.</i>		ROBERT A. FRANCIS, JR. 3/17, 2005 (727) 343-1877	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	