

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

01-21-2005 90093 005 ****50.00

DOCUMENT # L04000054778 1. Entity Name ADVANTIS HOSPITALITY, LLC					
Principal Place of Business 1840 SOUTHWEST 22ND STREET, SUITE 4-211 MIAMI, FL 33145			Mailing Address 1840 SOUTHWEST 22ND STREET, SUITE 4-211 MIAMI, FL 33145		
2. Principal Place of Business		3. Mailing Address 3470 FRUITVILLE ROAD			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State SARASOTA, FL			
Zip	Country	Zip 34237	Country USA	4. FEI Number 510516883	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145				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 _____ (NOTE: Registered Agent signature required when re-registering) 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	MGR TOMASI, PAUL 1840 SOUTHWEST 22ND STREET, SUITE 4-211 MIAMI, FL 33145 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR TOMASI, PAUL 3470 Fruitville Road SARASOTA, FL 34237 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST TOMASI, PAUL 1840 SOUTHWEST 22ND STREET, SUITE 4-211 MIAMI, FL 33145 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST TOMASI, PAUL 3470 FRUITVILLE ROAD SARASOTA, FL 34237 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <u>Paul Tomasi</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			01/18/2005 941.9170494/ <small>Date Daytime Phone #</small>		