2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Feb 16, 2007 8:00 am
Secretary of State

01-19-2007 90061 038 ****50.00

DOCUMENT # L04000054778

1. Entity Name
ADVANTIS HOSPITALITY, LLC

Principal Place of Business	Mailing Address
205 N. ORNAGE AVE. SUITE 2N SARASOTA, FL 34236 (ORNAGE corrected by hand: Orange)	205 N. ORNAGE AVE. SUITE 2N SARASOTA, FL 34236 (ORNAGE corrected by hand: Orange)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

01032007 Chg-LLC CR2E083 (12/06)

4. FEI Number: 51-0516883 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GAGLIARDI, ANNE P 3470 FRUITVILLE ROAD SARASOTA, FL 34237	Name: GAGLIARDI Anne P. Street Address (P.O. Box Number is Not Acceptable): 205 North Orange Ave. Suite 2N City: SARASOTA FL Zip Code: 34236

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 ______ 01/03/07
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, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR GAGLIARDI, ANNE 3470 FRUITVILLE ROAD SARASOTA, FL 34237	☐ Delete	MGR GAGLIARDI Anne 205 N. Orange Ave. Suite 2N Sarasota, FL 34236	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST GAGLIARDI, ANNE 3470 FRUITVILLE ROAD SARASOTA, FL 34237	☐ Delete	ST GAGLIARDI Anne 205 N. Orange Ave. Suite 2N Sarasota, FL 34236	☑ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ 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: ______ 01/03/07 941-917-0494
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #