2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 07, 2009
Secretary of State

DOCUMENT# L04000054778

Entity Name: ADVANTIS HOSPITALITY, LLC

Current Principal Place of Business:

205 N. ORANGE AVE.
SUITE 2N
SARASOTA, FL 34236

New Principal Place of Business:

2170 MAIN STREET
SUITE 401
SARASOTA, FL 34237

Current Mailing Address:

205 N. ORANGE AVE.
SUITE 2N
SARASOTA, FL 34236

New Mailing Address:

2170 MAIN STREET
SUITE 401
SARASOTA, FL 34237

FEI Number: 51-0516883 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GAGLIARDI, ANNE P
205 N ORANGE AVE STE 2N
SARASOTA, FL 34236 US

Name and Address of New Registered Agent:

GAGLIARDI, ANNE P
2170 MAIN STREET
SARASOTA, FL 34237 US

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.

SIGNATURE: 04/07/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: GAGLIARDI, ANNE
Address: 205 N ORANGE AVE STE 2N
City-St-Zip: SARASOTA, FL 34236

Title: ST ( ) Delete
Name: GAGLIARDI, ANNE
Address: 205 N ORANGE AVE STE 2N
City-St-Zip: SARASOTA, FL 34236

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: GAGLIARDI, ANNE
Address: 2170 MAIN STREET
City-St-Zip: SARASOTA, FL 34237

Title: ST (X) Change ( ) Addition
Name: GAGLIARDI, ANNE
Address: 2170 MAIN STREET
City-St-Zip: SARASOTA, FL 34237

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ANNE GAGLIARDI MGR 04/07/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date