2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000067162

Entity Name: HOSPITALITY INN PARADISE, LLC

1157 NORTH DIXIE FREEWAY

City-St-Zip: NEW SMYRNA BEACH, FL 32168

Address:

FILED Aug 31, 2008 Secretary of State

| Current Principal Place of Business: | | | New Principal Place of Business: | |
|---|------------------------------------|--|---|--|
| | TH DIXIE FRE RNA BEACH, | | | |
| Current Mailing Address: | | | New Mailing Address: | |
| | TH DIXIE FRE RNA BEACH, | | | |
| FEI Number | : 40-0197117 | FEI Number Applied For () | FEI Number Not Applicable () | Certificate of Status Desired () |
| Name and | l Address of C | urrent Registered Agent: | Name and Address | of New Registered Agent: |
| | OHN TH DIXIE FRE 'RNA BEACH, | | | |
| | e named entity : e of Florida. | submits this statement for the p | ourpose of changing its register | ed office or registered agent, or both |
| SIGNATU | RE: | | | |
| | Electror | ic Signature of Registered Ag | ent | Date |
| MANAGING MEMBERS/MANAGERS: | | | ADDITIONS/CHANGES: | |
| Title: Name: Address: City-St-Zip: | MILLER, JOHN 1157 NORTH D | Delete R IXIE FREEWAY BEACH, FL 32168 | Title: Name: Address: City-St-Zip: | () Change () Addition |
| Title: Name: | MGRM () MILLER, JOYC | Delete E E | Title: Name: | () Change () Addition |

Address:

City-St-Zip:

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: JOHN MILLER MGRM 08/31/2008