

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90048 033 ****50.00

DOCUMENT # L04000074646

1. Entity Name

ATLANTIC SHORES RESORT, LLC



Principal Place of Business

6000 EXECUTIVE BOULEVARD
700
ROCKVILLE, MD 20852

Mailing Address

6000 EXECUTIVE BOULEVARD
700
ROCKVILLE, MD 20852

DO NOT WRITE IN THIS SPACE



01162006No Chg-LLC

CR2E083 (11/05)

4. FEI Number

20-1834210

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

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, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME MEISEL HOTEL PROPERTIES, LLC
STREET ADDRESS 6000 EXECUTIVE BOULEVARD, #700
CITY-ST-ZIP ROCKVILLE, MD 20852

TITLE MGRM
NAME MEISEL HOTEL PROPERTIES LLC
STREET ADDRESS 6000 EXECUTIVE BLVD STE 700
CITY-ST-ZIP ROCKVILLE, MD 20852

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1/14/06