

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

**Feb 06, 2008 08:00 AM  
Secretary of State**

**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**



01072008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

**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

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

**9. MANAGING MEMBERS/MANAGERS**

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

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

**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

**2/4/08**

DATE

**301 581 7800**

Daytime Phone #