


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 06, 2008 8:00 am
Secretary of State

05-06-2008 90003 046 ***138.75

DOCUMENT # L04000089319 1. Entity Name MCALPIN HOSPITALITY, LLC			
Principal Place of Business 25 WEST CEDAR STREET SUITE 313 PENSACOLA, FL 32502		Mailing Address 25 WEST CEDAR STREET SUITE 313 PENSACOLA, FL 32502	
2. Principal Place of Business - No P.O. Box # 220 S. PALAFOX PLACE		3. Mailing Address PO Box 111	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State PENSACOLA FL		City & State PENSACOLA FL	
Zip 32502		Zip 32591	
Country 		Country 	
4. FEI Number 20-1986461		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MCALPIN, RICHARD R 25 WEST CEDAR STREET SUITE 313 PENSACOLA, FL 32502		7. Name and Address of New Registered Agent Name RICHARD R. McALPIN Street Address (P.O. Box Number is Not Acceptable) 220 S. PALAFOX PLACE City PENSACOLA FL Zip Code 32502	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP MGRM MCALPIN, RICHARD R 25 W CEDAR SE, SUITE 313 PENSACOLA, FL 32502	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP MGRM RICHARD R. McALPIN 220 S. PALAFOX PLACE PENSACOLA, FL 32502	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>RICHARD R. McALPIN, Managing Member</u>		Date <u>1/25/08</u> Daytime Phone # _____	