2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State
04-30-2008 90031 040 ***138.75

DOCUMENT # L05000003440

1. Entity Name
RED ROOF PROPERTIES, LLC

600034411

04072008 Chg-LLC CR2E083 (12/06)

Principal Place of Business	Mailing Address
8930 COLONNADES CT. E. 635 BONITA SPRINGS, FL 34135	8930 COLONNADES CT. E. 635 BONITA SPRINGS, FL 34135
2. Principal Place of Business - No P.O. Box # 394 Burnt Pine D	3. Mailing Address 394 Burnt Pine Dr
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Naples, FL	City & State Naples, FL
Zip 34119 Country Collier	Zip 34119 Country Collier

4. FEI Number 20-2144635 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

QUINN, STEVE
8930 COLONNADES CT. E.
STE #635
BONITA SPRINGS, FL 34135

7. Name and Address of New Registered Agent

Name: Steven Quinn
Street Address (P.O. Box Number is Not Acceptable): 394 Burnt Pine Dr.
City: Naples FL Zip Code: 34119

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] 4/8/08
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

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM QUINN, STEVE 8930 COLONNADES CT. E #635 BONITA SPRINGS, FL 34135 ☑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Quinn, Steven 394 Burnt Pine Dr Naples, FL 34119 ☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: [signature] 4/8/08 239-825-6753
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #