2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000003639

Entity Name: EDGE HOTELS, LLC

Address:

City-St-Zip:

PO BOX 784341

WINTER GARDEN, FL 34778

FILED May 01, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 151 EAST WASHINGTON STREET 1751 ADDIE AVE SUITE 421 ORLANDO, FL 32818 ORLANDO, FL 32801 **New Mailing Address: Current Mailing Address:** PO BOX 784341 1751 ADDIE AVE WINTER GARDEN, FL 34778 ORLANDO, FL 32818 FEI Number: 51-0533420 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145 US 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. SIGNATURE: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: () Delete MGR Title: () Change () Addition SOBRAL, THIAGO C Name: Name: Address: PO BOX 784341 Address: City-St-Zip: WINTER GARDEN, FL 34778 City-St-Zip: Title: MGR () Delete Title: MGR (X) Change () Addition Name: TRIPOLI, SCOTT A Name: TRIPOLI, SCOTT A Address: PO BOX 784341 Address: 1751 ADDIE AVE. City-St-Zip: WINTER GARDEN, FL 34778 City-St-Zip: ORLANDO, FL 32818 Title: () Delete Title: (X) Change () Addition TRIPOLI, SCOTT A TRIPOLI, SCOTT A Name: Name: Address: PO BOX 784341 Address: 1751 ADDIE AVE. City-St-Zip: WINTER GARDEN, FL 34778 City-St-Zip: ORLANDO, FL 32818 Title: () Delete Title: () Change () Addition Name: SOBRAL, THIAGO C Name:

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.

Address:

City-St-Zip:

SIGNATURE: SCOTT TRIPOLI MGR 05/01/2009