2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

May 02, 2007 8:00 am Secretary of State DOCUMENT # L05000004580 05-02-2007 90355 026 ****50.00 MANORHOUSE INNS/SUITES - STATE ROAD 70, LLC 40100000 Principal Place of Business Mailing Address 2831 RINGLING BLVD 2831 RINGLING BLVD SUITE 211 D SUITE 211 D SARASOTA, FL 34237 SARASOTA, FL 34237 2. Principal Place of Business - No.P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 05012007 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For 56-2513052 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Appel, Stanley 2831 RINGLING BLVD Street Address (P.O. Box Number is Not Acceptable) SUITE 211 D SARASOTA, FL 34237 Zip Code FL 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 famillar with, and accept the obligations of registered agent. Signature, typed or printed name of register (NOTE: Registered Agent signature required when reinstating 27,3945044 Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. TITLE MGR TITLE Defete ☐ Change ☐ Addition NAME APPEL, BARBARA NAME 2831 RINGLING BLVD, SUITE 211 D STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34237 CITY-ST-7IP TITLE MGR ☐ Defete TITLE □ Change ☐ Addition NAME APPEL, STANLEY S DR NAME STREET ADDRESS 2831 RINGLING BLVD, SUITE 211 D STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34237 CITY-ST-ZIP MGR TITLE Delete TITLE ☐ Change Addition NAME ECKERT, ARTHUR C NAME STREET ADDRESS 2831 RINGLING BLVD, SUITE 211-D STREET ADDRESS SARASOTA, FL 34237 CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

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

FILED

Daytime Phone #