8/27/2007-90122-042-$50.00-$50.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000006353

1. Entity Name
IDS HOSPITALITY LLC

60055151

08202007 Chg-LLC CR2E083 (12/06)

Principal Place of Business	Mailing Address
~~2010 W. BAY TO BAY BLVD., STE. 200~~ ~~TAMPA, FL 33629~~ 10100 International Dr. #2001 Orlando FL 32821	~~2010 W. BAY TO BAY BLVD., STE. 200~~ ~~TAMPA, FL 33629~~ 10100 International Dr #2001 Orlando, FL 32821
2. Principal Place of Business - No P.O. Box # 10100 International Dr.	3. Mailing Address 10100 International Dr.
Suite, Apt. #, etc. #2001	Suite, Apt. #, etc. #2001
City & State Orlando, FL	City & State Orlando, FL
Zip 32821 / Country USA	Zip 32821 / Country USA

4. FEI Number 20-2188008 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

FROST, MICHAEL H
~~2010 W. BAY TO BAY BLVD., STE. 200~~
~~TAMPA, FL 33629~~
10100 International Dr. #2001
Orlando, FL 32821

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number Is Not Acceptable)

City FL Zip Code

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

Filing Fee is $50.00
Due by September 14, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	☐ Delete
NAME	FROST, MICHAEL H 10100 International Dr	
STREET ADDRESS	~~2010 W. BAY TO BAY BLVD., STE. 200~~ Suite 2001	
CITY-ST-ZIP	~~TAMPA, FL 33629~~ Orlando, FL 32821	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
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NAME		
STREET ADDRESS		
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.

SIGNATURE: [signature] 8/1/07 407 352-7161
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

9/18/07