2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Mar 19, 2007 08:00 AM Secretary of State

| | 7 11 11 10 | 712 1121 0111 | 1 | Secr | etary of Sta |
|--|---|------------------------|---------------------------|--|-----------------------------|
| 1. Entity Nar | IMENT # L050000 EXPRESS, LLC | 039021 | | Seci | ctary of Sta |
| Principal Plac | ce of Business | Mailing Address | • | 1 | |
| 10985 CODY ROAD, SUITE 220 10985 CODY ROAD, SU OVERLAND PARK, KS 66210-1224 OVERLAND PARK, KS 6 | | | | | |
| i | 1 | | | | |
| | O NOT WO! | TE IN THIS SO | ^ | 02222007 No Chg-LLC C | R2E083 (11/05) |
| DO NOT WRITE IN THIS SPA | | | ACE | 4. FEI Number 20-4114655 | Applied For Not Applicable |
| į | | | | 5. Certificate of Status Desired | CE 00 A 1891 |
| | 6. Name and Address of Cu | rrent Registered Agent | | | |
| BOLANOS TRUXTON, P.A. 12800 UNIVERSITY DRIVE, SUITE 350 FT. MYERS, FL 33907 | | | | DO NOT WRI | TE |
| | | | | IN THIS SPACE | |
| | itions of registered agent. | | stered office or register | red agent, or both, in the State of Florida. I | am familiar with, and accep |
| F | iling Fee is \$50.00 due by May 1, 2007 | | | | |
| 9. | MANAGING M | EMBERS/MANAGERS | | - | |
| TITLE | MGR | | 1 | | |
| NAME CTOCCT ADDRESS | FORUM SW HOTEL, INC. | | | | |
| STREET ADDRESS CITY-ST-ZIP | 10985 CODY RD, STE 220 OVERLAND PARK, KS 662 | 2101224 | Ī | | |
| TITLE | | | | | |
| NAME | | | | | |
| STREET ADDRESS | | | | Uüüaaae | けつにんに |
| CITY CT 21D | 1 | | _ | 1 11 LI 11 H H H H | 11 (. 199.3) |

03/28/07-80073-020 50.00

DO NOT WRITE IN THIS SPACE

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: ∠

TITLE NAME STREET ADDRESS

TITLE

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNI NG MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Deytime Phone #