

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 14, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000043968

1. Entity Name
FT. PIERCE HOTEL PARTNERS, LLC



Principal Place of Business
411 N US HIGHWAY 1, 2ND FL
FT PIERCE, FL 34950

Mailing Address
411 N US HIGHWAY 1, 2ND FL
FT PIERCE, FL 34950



01172007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
84-1678651

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

KAPLAN, JASON
411 N US HIGHWAY 1, 2ND FL
FT PIERCE, FL 34950

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IN THIS SPACE**

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 May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
ZALKIN, JOHN
411 N US HIGHWAY 1, 2ND FL
FT PIERCE, FL 34950

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
ZALKIN, MILES
411 N US HIGHWAY 1, 2ND FL
FT PIERCE, FL 34950

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
ZALKIN, JASON
411 N US HIGHWAY 1, 2ND FL
FT PIERCE, FL 34950

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000635890
02/23/07-80033-001 50.00

**DO NOT WRITE
IN THIS SPACE**

1. 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1/16/7

305 790 0044