


2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT

**FILED**  
**May 02, 2008 08:00 AM**  
**Secretary of State**

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| <b>DOCUMENT # L05000068669</b><br>1. Entity Name<br>ALAPAHA LODGE, LLC |  |
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| Principal Place of Business<br>1101 CHANNELSIDE DR<br>TAMPA, FL 33602 US | Mailing Address<br>1101 CHANNELSIDE DR<br>TAMPA, FL 33602 US |
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| <b>DO NOT WRITE IN THIS SPACE</b> |
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04292008No Chg-LLC CR2E083 (12/07)

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| 4. FEI Number<br>20-3157324                               | Applied For<br>Not Applicable            |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$5.00</b> Additional<br>Fee Required |

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|---|
| 6. Name and Address of Current Registered Agent<br><br>CLARK, ROBERT W<br>100 NORTH TAMPA STREET<br>SUITE 2120<br>TAMPA, FL 33602 |
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75

| 9. MANAGING MEMBERS/MANAGERS                   |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>SKINNER, B J<br>1309 NORTH FLORIDA AVENUE<br>TAMPA, FL 33602 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

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| <p>U000000943843<br/>05/29/08-80067-021 138.75</p> <b>DO NOT WRITE<br/>IN THIS SPACE</b> |
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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: B. J. Skinner 4-29-08 813 864-3600  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #