

2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L05000076194

FILED
Apr 27, 2006
Secretary of State**Entity Name:** EARTHMARK HOSPITALITY SERVICES, LLC**Current Principal Place of Business:**12800 UNIVERSITY DRIVE, SUITE 400
FT. MYERS, FL 33907**New Principal Place of Business:****Current Mailing Address:**12800 UNIVERSITY DRIVE, SUITE 400
FT. MYERS, FL 33907**New Mailing Address:****FEI Number:** 20-3899214**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**VALDES-FAULI CORPORATE SERVICES, INC.
777 S. FLAGLER DRIVE, SUITE 500 EAST
WEST PALM BEACH, FL 33401 US**Name and Address of New Registered Agent:**GY CORPORATE SERVICES, INC.
777 S. FLAGLER DRIVE
SUITE 500 EAST
WEST PALM BEACH, FL 33401 US

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.

SIGNATURE: MICHAEL MITRIONE

04/27/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: ROSEN, MICHAEL E
Address: 12800 UNIVERSITY DRIVE, SUITE 400
City-St-Zip: FT. MYERS, FL 33907 US

Title: MGR () Delete
Name: CORDELLO, DOUG
Address: 12800 UNIVERSITY DRIVE, SUITE 400
City-St-Zip: FT. MYERS, FL 33907 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DOUG CORDELLO

MGR

04/27/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date