

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2006 8:00 am
Secretary of State

04-25-2006 90022 013 ****50.00

20050106



DOCUMENT # L05000085747 1. Entity Name NO RESERVATIONS, LLC					
Principal Place of Business 4911 SPRING LAKE DRIVE TAMPA, FL 33629			Mailing Address 4911 SPRING LAKE DRIVE TAMPA, FL 33629		
2. Principal Place of Business 500 N. Westshore Blvd Suite, Apt. #, etc. Suite 800		3. Mailing Address 500 N. Westshore Blvd Suite, Apt. #, etc. Suite 800		04102006 Chg-LLC CR2E083 (11/05)	
City & State Tampa, FL		City & State Tampa, FL		4. FEI Number 14-1936831	
Zip 33609		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SAAD, STEWART M 4911 SPRING LAKE DRIVE TAMPA, FL 33629				7. Name and Address of New Registered Agent Name SAAD, Stewart M. Street Address (P.O. Box Number is Not Acceptable) 500 N. Westshore Blvd. Suite 800 City Tampa FL Zip Code 33609	
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, the registered agent. SIGNATURE (NOTE: Registered Agent signature required for filing) DATE 4/19/06					
Filing Fee is \$50.00 Due by May 1, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MERRILL, SEARING 4911 SPRING LAKE DRIVE TAMPA, FL 33629	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MERRILL, SEARING 500 N. Westshore Blvd Suite 800 Tampa, FL 33609
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SAAD, STEWART M 4911 SPRING LAKE DRIVE TAMPA, FL 33629	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SAAD, STEWART M 500 N. WESTSHORE BLVD. SUITE 800 TAMPA, FL 33609
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
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: Randolph Searing Merrill, MGRM Date 4-19-06 Daytime Phone # 514-1134					