## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

DOCUMENT # L05000085747  1. Entity Name NO RESERVATIONS, LLC						04-25-2006	90022	013 ****50	0.00
Principal Place 4911 SPRINC TAMPA, FL 3	G LAKE DRIVE	Mailing Address 4911 SPRING LAKE DRIVE TAMPA, FL 33629			SAASSIAN				
2. Principal P 500 N Suite, Apt.		3. Mailing Address  500 V. WIS Suite, Apt. #, etc. Suite 800	stahore	Blu		;			
Suite 800 City & State		Suite 800 City & State		4, FEI Number		Chg-LLC	CR2E083 (11/05)  Applied For		plied For
Tam	ipa FI	Tampa, FI	Country		14-19	3683		\$5.00 Add	t Applicable
336(	6. Name and Address of Current I	33609	USA			of Status Desired	Boolstores	Fee Required	
		Registered Agent	Name	SAAd		eunrt	κegistered ΑΛ	a Agent	
SAAD, STEWART M 4911 SPRING LAKE DRIVE				ddress (P.	O. Box Numb	per is Not Acceptable	<u>۱۷۱۰</u> ای ( <del>وا</del>	Svite	<b>₹</b>
TAMPA, FI	L 33629	50	<u>, (1 Oc</u>	wks.	rshore i	οινα.	SUITE	<u> </u>	
			City_	ampo	<b></b>		F	L Zin Code	609
<ol><li>The above the obligation</li></ol>	named enity submits this statement for ions of carber of agent.	r the purpose of charging is rep	istered office o	WE	Pagent, or bo	oth, in the State of F	lorida. I an	n familiar with,	and accept
SIGNATURE Signature, typed or printed fisher of registered agent and title if applicable. (NOTE: Registered Agent signature rectangle) if the signature rectangle if the signature rectangle if the signature rectangle is the signature rectangle in the signature rect									
	ling Fee is \$50.00 ue by May 1, 2006			<del></del> -a				payable to ment of State	
9.	MANAGING MEMBE		10.			ADDITIONS	/CHANGE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MERRILL, SEARING 4911 SPRING LAKE DRIVE TAMPA, FL 33629	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Men 500 Tan	n. Wi	EARING stshore T	31vd 5 31009	B Change Suite 8 (	☐ Addition
TITLE NAME	MGRM SAAD, STEWART M	☐ Delete	TITLE NAME	MG1	RM	WOT M	•	Change	Addition
STREET ADDRESS CITY-ST-ZIP	4911 SPRING LAKE DRIVE TAMPA, FL 33629		STREET ADDRESS CITY-ST-ZIP	الممسرا	いっいだっ	WART M STSHORE B 1 33609	LUD.	Suite 8	00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	- Jrstr	<del> </del>	<u> </u>		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-S1-ZIP					☐ Change	Addition
TITLE NAME STREET ADDRESS CITY+ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CHY-ST-ZIP					☐ Change	Addition
<ol><li>11. I hereby of</li></ol>	certify that the information supplied with on this report is true and accurate and	this tiling does not qualify for the	exemptions co	ontained in	Chapter 119	, Florida Statutes. I	luther cert	tity that the info	rmation

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 educate 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 fiability company or the reference empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Randolph Searing Merrill, MGRM 4-19-06 514-1134

SIGNATURE: Date Deptited Name of SIGNING MANAGING MEMBER, MANAGER, DR AUTHORIZED REPRESENTATIVE Date Deptited Phone #