

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000090063

**FILED**  
**Apr 16, 2012**  
**Secretary of State**

**Entity Name:** CAPITOL EAST HOTEL ASSOCIATES, LLC

**Current Principal Place of Business:**

500 N. WESTSHORE BLVD.  
SUITE 740  
TAMPA, FL 33609

**New Principal Place of Business:**

**Current Mailing Address:**

500 N. WESTSHORE BLVD.  
SUITE 740  
TAMPA, FL 33609

**New Mailing Address:**

**FEI Number:** 20-3460831

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GIOVENCO, NORMAN J  
500 N WESTSHORE BLVD  
STE. 740  
TAMPA, FL 33609 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: GRM  
Name: GLOVER, GEORGE  
Address: 500 N. WESTSHORE BLVD., SUITE 740  
City-St-Zip: TAMPA, FL 33609

Title: GRM  
Name: SMITH, FORD  
Address: 500 N. WESTSHORE BLVD., SUITE 740  
City-St-Zip: TAMPA, FL 33609

Title: GRM  
Name: GIOVENCO, NORMAN  
Address: 500 N. WESTSHORE BLVD., SUITE 740  
City-St-Zip: TAMPA, FL 33609

I hereby 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: J NORMAN GIOVENCO

MGRM

04/16/2012

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