

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 08, 2007 8:00 am
Secretary of State

05-08-2007 90111 026 ****50.00

DOCUMENT # L05000113092

1. Entity Name
WEST MELBOURNE HOTEL ASSOCIATES, LLC



Principal Place of Business
**111 STONEMARK LANE, SUITE 202
COLUMBIA, SC 29210**

Mailing Address
**111 STONEMARK LANE, SUITE 202
COLUMBIA, SC 29210**

60049675



04132007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-4234013

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

**HUSZAGH, LEE
249 E. VIRGINIA STREET
TALLAHASSEE, FL 32301**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
AGEE, SAMUEL C JR.
1527 KATHWOOD DIRVE
COLUMBIA, SC 29209**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
CIPKALA, CLARENCE S
223 W. PASSAGE DRIVE
COLUMBIA, SC 29212**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
HEWITT, KEITH A
54 WATERWAY ISLAND
ISLE OF PALMS, SC 29451**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
KACENA, LAWRENC
6718 SUTRBRIDGE PLACE
POLAND, OH 44514**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
UNDERWOOD, JAMES P
8700 RIDGEWOOD AVE., A-211
CAPE CANAVERAL, FL 32920**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE

Apr. 12, 2007 888-793-7979
Date Daytime Phone #