

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000000451

FILED
Apr 30, 2007
Secretary of State

Entity Name: NORTHPOINTE HOTELIERS, LLC

Current Principal Place of Business:

PO BOX 4189
CLEARWATER, FL 337584189 US

New Principal Place of Business:

630 CHESTNUT STREET
CLEARWATER, FL 33756 US

Current Mailing Address:

PO BOX 4189
CLEARWATER, FL 337584189 US

New Mailing Address:

PO BOX 4189
CLEARWATER, FL 33758 US

FEI Number: 20-4041991

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PURSAE, JEFFREY CPA
2824 WILDWOOD DRIVE
CLEARWATER, FL 33761 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: MGRM () Delete
Name: MENNA, ANTHONY C
Address: PO BOX 4189
City-St-Zip: CLEARWATER, FL 33758 US

Title: MGRM () Delete
Name: PURSAE, JEFFREY P
Address: PO BOX 4189
City-St-Zip: CLEARWATER, FL 33758 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 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: ANTHONY MENNA

MGRM

04/30/2007

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