

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000063734

**FILED**  
**Apr 28, 2008**  
**Secretary of State**

**Entity Name:** SUITES 24/7, LLC

**Current Principal Place of Business:**

201 N FRANKLIN STREET  
STE 2000  
TAMPA, FL 33602

**New Principal Place of Business:**

17804 N. US HIGHWAY 41  
LUTZ, FL 33549

**Current Mailing Address:**

201 N FRANKLIN STREET  
STE 2000  
TAMPA, FL 33602

**New Mailing Address:**

17804 N. US HIGHWAY 41  
LUTZ, FL 33549

**FEI Number:** 20-8756228

**FEI Number Applied For** ( )

**FEI Number Not Applicable** ( )

**Certificate of Status Desired** ( )

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

GOODWIN, JAMES W ESQ  
201 N FRANKLIN STREET  
STE 2000  
TAMPA, FL 33602 US

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

HAYES, TIMOTHY  
17804 N. US HIGHWAY 41  
LUTZ, FL 33549 US

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: TIMOTHY HAYES

04/28/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: HAYES, TIMOTHY  
Address: 3959 VAN DYKE ROAD #300  
City-St-Zip: LUTZ, FL 33558

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: HAYES, TIMOTHY  
Address: 17804 N. US HIGHWAY 41  
City-St-Zip: LUTZ, FL 33549

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: TIMOTHY HAYES

MGR

04/28/2008

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