2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000075565

Entity Name: SUDDATH HOSPITALITY SOLUTIONS, LLC

FILED Mar 03, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

815 S. MAIN STREET 815 S MAIN ST

ATTN: LORI EISCHEN ATTN: LORI EISCHEN

JACKSONVILLE, FL 32207 US JACKSONVILLE, FL 32207 US

Current Mailing Address: New Mailing Address:

815 S. MAIN STREET 815 S MAIN ST

ATTN: LORI EISCHEN ATTN: LORI EISCHEN

JACKSONVILLE, FL 32207 US JACKSONVILLE, FL 32207 US

FEI Number: 42-1711512 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

BARNETT, JAMES G BARNETT, JAMES G 815 S. MAÍN STREET 815 S MAIN ST

JACKSONVILLE, FL 32207 JACKSONVILLE, FL 32207 US 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: 03/03/2009

> Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

MGR () Delete SUDDATH, STEPHEN M Name:

815 S. MAIN STREET Address:

City-St-Zip: JACKSONVILLE, FL 32207 US

Title: MGR () Delete VAUGHN, BARRY S Name: Address: 815 S. MAIN STREET City-St-Zip: JACKSONVILLE, FL 32207

Title: MGR () Delete BARNETT, JAMES G Name: Address: 815 S. MAIN STREET City-St-Zip: JACKSONVILLE, FL 32207

Title: MGR () Delete Name: STRICKLAND, BARBARA S 815 S. MAIN STREET Address: JACKSONVILLE, FL 32207

City-St-Zip:

ADDITIONS/CHANGES:

Title: (X) Change () Addition

SUDDATH, STEPHEN M Name:

Address: 815 S MAIN ST

City-St-Zip: JACKSONVILLE, FL 32207 US

Title: MGR (X) Change () Addition

Name: VAUGHN, BARRY S Address: 815 S MAIN ST

City-St-Zip: JACKSONVILLE, FL 32207

Title: MGR (X) Change () Addition

BARNETT, JAMES G Name: Address: 815 S MAIN ST

City-St-Zip: JACKSONVILLE, FL 32207

Title: MGR (X) Change () Addition

Name: STRICKLAND, BARBARA S

Address: 815 S MAIN ST

City-St-Zip: JACKSONVILLE, FL 32207

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: JAMES G. BARNETT 03/03/2009