

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000101405

FILED  
Mar 24, 2008  
Secretary of State

**Entity Name:** HAWTHORN SUITES ORLANDO, LAKE BUENA VISTA MANAGEMENT, LC

**Current Principal Place of Business:**

7131 GRAND NATIONAL DRIVE  
SUITE 107  
ORLANDO, FL 32819

**New Principal Place of Business:**

7011 GRAND NATIONAL DRIVE  
SUITE 104  
ORLANDO, FL 32819

**Current Mailing Address:**

7131 GRAND NATIONAL DRIVE  
SUITE 107  
ORLANDO, FL 32819

**New Mailing Address:**

7011 GRAND NATIONAL DRIVE  
SUITE 104  
ORLANDO, FL 32819

FEI Number: 20-8937744

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

STEINBECK, RANDY  
7131 GRAND NATIONAL DRIVE  
SUITE 107  
ORLANDO, FL 32819 US

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

STEINBECK, RANDY  
7011 GRAND NATIONAL DRIVE  
SUITE 104  
ORLANDO, FL 32819 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:

03/24/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: GORDON, JOHN  
Address: 7131 GRAND NATIONAL DRIVE, SUITE 107  
City-St-Zip: ORLANDO, FL 32819

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: GORDON, JOHN  
Address: 7011 GRAND NATIONAL DRIVE, SUITE 104  
City-St-Zip: ORLANDO, FL 32819

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: JOHN GORDON

MGR

03/24/2008

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