

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR)-- DUE BY MAY 1, 2008**

FILED
May 27, 2008 8:00 am
Secretary of State

04-25-2008 90028 041 ***138.75

DOCUMENT # L07000009792

1. Entity Name
CHAFFEE LODGING, LLC



Principal Place of Business
**6716 HERITAGE BUSINESS COURT
SUITE 4
CHATTANOOGA TN 37421**

Mailing Address
**6716 HERITAGE BUSINESS COURT
SUITE 4
CHATTANOOGA TN 37421**

30007732



2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

1st MOORE CR2E083 (10/07)

City & State
Zip Country

4. FEI Number
56-2637462

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

6. Name and Address of Current Registered Agent
**DESAI, NIKHIL S
720 BROADOAK LOOP
SANFORD FL 32771**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 DATE **5/22/08**

FILE NOW!!! FEE IS \$138.75
After May 1, 2008, Fee Will Be \$538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DESAI, NIKHIL S 6716 HERITAGE BUSINESS COURT CHATTANOOGA TN 37421	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: DATE **5/22/08**

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