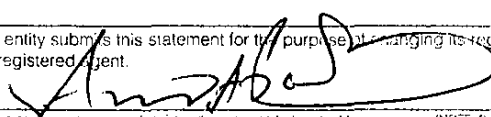
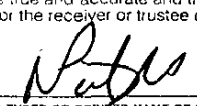


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 12, 2008 8:00 am
Secretary of State

03-12-2008 90238 029 ***138.75

DOCUMENT # L07000036505					
1. Entity Name BEST WESTERN GARDEN INN & SUITES, LLC					
Principal Place of Business 3292 COASTAL HIGHWAY CRAWFORDVILLE, FL 32327			Mailing Address 249 HIGHWAY 98 WEST APALACHICOLA, FL 32320		
2. Principal Place of Business - No P.O. Box # 3292 Coastal Hwy		3. Mailing Address 3292 Coastal Hwy			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Crawfordville FL		City & State Crawfordville FL		4. FEI Number 20-8916607	
Zip 32327		Country 32327		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent PATEL, ANIL 249 HIGHWAY 98 WEST APALACHICOLA, FL 32320				7. Name and Address of New Registered Agent Name: ANIL PATEL Street Address (P.O. Box Number is Not Acceptable): 3292 Coastal Hwy City: Crawfordville FL Zip Code: 32327	
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:					
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	MGRM PATEL, ANIL 249 HIGHWAY 98 WEST APALACHICOLA, FL 32320	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PATEL, MIRA 249 HIGHWAY 98 WEST APALACHICOLA, FL 32320	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PATEL, NIRANJAN 249 HIGHWAY 98 WEST APALACHICOLA, FL 32320	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PATEL, BHAVASRI 249 HIGHWAY 98 WEST APALACHICOLA, FL 32320	☐ Delete	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	
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 Chapter 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:  NIRANJANA PATEL 3/1/08					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					